



County Borough of Great Yarmouth

REPORT
of
The Medical Officer
of Health

The Port Medical Officer

and

The Principal School

Medical Officer

for the Year

1965





County Borough of Great Yarmouth

REPORT

of

**The Medical Officer
of Health**

The Port Medical Officer


and

The Principal School

Medical Officer

for the Year

1965



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b2926862x>

CONTENTS

THE REPORT OF THE MEDICAL OFFICER OF HEALTH	5
THE REPORT OF THE PORT MEDICAL OFFICER	69
THE REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER	79
INDEX	101

HEALTH COMMITTEE

1965 - 1966

The Mayor :

Alderman A. W. ECCLESTONE, J.P.

Chairman :

Alderman L. F. BUNNEWELL

Vice-Chairman :

Councillor E. J. BARNES

Members :

Alderman Mrs. K. M. ADLINGTON, J.P.

Councillor R. P. BEAN

Councillor R. W. BRETT

Councillor A. I. BURRELL

Councillor E. CANHAM

Councillor A. W. CANNELL

Councillor Mrs. E. V. FLEET, J.P.

Councillor P. E. GREEN

Councillor R. H. PENNEY

Councillor A. E. POWELL

Councillor W. R. STOWERS



INTRODUCTION

Health Department,
Municipal Offices,
Hall Plain,
Great Yarmouth.

(Telephone : Great Yarmouth 3233).

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work of the department and on the health of the town for the year 1965.

The routine work of the department was maintained throughout the year and the health of the community remained at a generally satisfactory level. Notable features in the local statistics are a very low stillbirth rate and an infant mortality rate which is just above the national average. The perinatal mortality rate is slightly below the national figure.

For significant trends in cancer mortality it is necessary to turn to the national statistics. They show that while deaths from most forms of cancer are declining there is an increase in deaths from lung cancer of about a thousand per year. It accounted for about 26,000 deaths or about 80 per day in England and Wales in 1965 – a bad record for a disease which is largely preventable. Another form of cancer which is partly preventable is cancer of the neck of the womb. This accounted for about 2,500 deaths in 1965, less than one tenth of the number due to lung cancer. Reverting to local statistics, it may be noted that in Great Yarmouth out of a total of 403 deaths of males 33 (8.2%) were due to lung cancer, while of 349 deaths of females 6 (1.7%) were due to cancer of the neck of the womb.

Measles produced one of the biggest epidemics that the town has experienced but there were no deaths from this or from any other infectious disease apart from one death from tuberculosis.

The most notable change in the work of the department during the year was produced by the decision of the Council to make the Home Help Service free. This is one of the first Authorities in the country – possibly the first – to take this step. Full details of the service are contained in the body of the report.

MENTAL HEALTH.

To those working in the mental health sphere one of the most striking developments of recent years has been the change in the atti-

tude of the general public towards the mentally handicapped. In the past they were often regarded with a mixture of suspicion, apprehension and pity and treated as a class apart, but they are becoming increasingly accepted as ordinary members of the community who happen to have a disability, and there is good reason to believe that the activities of the Training Centre have contributed towards this improvement. The change has been reflected in the trainees and it is a pleasure to see them developing their individual personalities and participating in work and social activities to a degree which a few years ago would have been unthinkable.

FAT CHILDREN.

The ill effects of obesity in adults are generally recognised but less attention has been paid to the fat child. Under-nutrition was a common problem in children in earlier days of the Public Health Service and special measures such as free school dinners and school milk were introduced to deal with it, but the wheel has now turned full circle and the commonest nutritional defect now found in school children is obesity. Affluence brings with it its own penalties.

Obesity is caused by over-eating. (Other causes are so rare that in considering the main problem they can be ignored). It is true that nearly all children nowadays over-eat and that only some of them become fat, but that does not alter the fact that a fat child is one who is eating more than he requires.

Many people treat the condition lightly in the mistaken belief that it is just "puppy-fat" or that it will disappear when the child reaches maturity. It has, however, been shown that 80% of grossly overweight children become overweight as adults. Baby shows (which I believe should be abolished) have probably encouraged mothers to over-feed their children and our own infant welfare clinics may not be without guilt because although normal weight gain is one of the valuable indices of satisfactory development, the regular weighing of babies may lead the mother to act on the principle "the more the better".

There is, in fact, no health advantage in carrying layers of useless fat at any age, be it by the "bouncing baby", the "well fed looking" school child or the "prosperous looking" adult, and there may be considerable disadvantages. The school child will be handicapped in his play and sporting activities and may suffer hurt from taunts in the dressing room or from the nickname he carries. Some children become so sensitive that whenever possible they retire from outside activities into the privacy of their homes and the resulting lack of exercise accentuates the condition. The older child, particularly the girl when she becomes interested in her "figure" may suffer psychological harm through her inability to conform and also physical harm through resort to self-medication or unsupervised reducing regimes at a time in her life when she requires a nutritious balanced diet.

As in so many other health problems prevention is not only better but easier than cure. As soon as a child shows a tendency towards

obesity steps should be taken, preferably under medical supervision, to adjust his diet so as to reduce his total intake especially of sugar and starchy foods, while maintaining an adequate supply of protein foods. It is easier to achieve this if the diet of the whole family is adjusted and indeed there are probably other good reasons for doing this. Obesity may run in families; so also may over-eating.

The results of tackling the problem in its early stages are likely to be very rewarding and the benefits may be life-long. As knowledge increases it becomes ever clearer that many of the ills of middle and old age have their origins in the unhealthy habits of life developed or permitted in childhood and youth.

STAFF.

There were two notable retirements during the year.

Miss Bulmer was appointed as a Health Visitor in 1929 and with her 36 years in the department was the longest-serving member of the staff. Her great devotion to the mothers, children, old people and handicapped people in her district was matched by her consistent loyalty to the department throughout a period of many changes. She will be missed not only for her excellent work but for her high professional standards, which set an example for all to follow.

Miss Knights joined the department as a Midwife in 1946 and was another of its stalwarts. Throughout her service she maintained a high level of efficiency which was recognised by the doctors with whom she worked, and her skill and kindness were greatly appreciated by the mothers in her area.

ACKNOWLEDGEMENTS.

I join with other members of the staff in expressing to the Health Committee and the Council our thanks for their support and encouragement which have enabled us to carry out our duties in such a pleasant atmosphere.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

COUNTY BOROUGH OF GREAT YARMOUTH

STAFF OF THE HEALTH DEPARTMENT

1965

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

R. G. NEWBERRY, M.B., B.S., D.P.H.

Senior Assistant Medical Officer of Health

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

Assistant Medical Officer of Health

C. R. COUPLAND, M.B., CH.B., D.R.C.O.G. (part-time)

Senior Dental Officer

B. C. CLAY, L.D.S., R.C.S.

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

*†F. T. PORTER

Deputy Chief Public Health Inspector

*†R. COLEMAN

District Public Health Inspectors

*L. V. BAILEY

*T. L. ARMITT

*K. STEELE

*†B. D. WILDMAN

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Pests Officer

A. O. SCOTT

Chiropodist

G. W. GILCHRIST, M.Ch.S., S.R.Ch.

Superintendent Nursing Officer

MISS G. C. MOORE, S.R.N., S.C.M., Q.N., H.V.CERT.

Senior Midwife

MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives

MISS E. GLUCKSMANN, S.C.M.

MRS. A. KLEPPE, S.C.M.

MISS M. KNIGHTS, S.R.N., S.C.M. (to 7.10.65)

MRS. M. E. CATON, S.E.N., S.C.M.

MRS. C. THOMSON, S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MISS C. P. LITTLEWOOD, S.R.N., S.C.M. (to 31.5.65)

MRS. W. GREEN, S.R.N., S.C.M.

MRS. J. H. MOLLOY, S.C.M. (from 11.10.65)

Health Visitors

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT. (to 31.7.65)

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT.

MRS. J. M. RUSSEL, S.R.N., S.C.M., H.V.CERT. (from 1.12.65)

MRS. P. YATES, S.R.N., S.C.M., H.V.CERT. (from 1.3.65)

MRS. T. G. WRIGHT, S.R.N., H.V.CERT. (from 22.2.65)

MISS D. K. WALTON, S.R.N., S.C.M., H.V.CERT. (from 26.7.65)

Tuberculosis Health Visitor (Part-time)

MISS R. V. STILES, S.R.N., H.V.CERT.

Senior Nurse

MRS. M. E. GARDINER, S.R.N.

Home Nurses

MISS N. BISHOP, S.E.N.

MRS. K. ELLIS-SMITH, S.E.N.

MISS. I. GILLINGS, S.E.N.

MRS. C. E. GOMPERTZ, S.R.N.

MRS. E. M. PUGH, S.R.N.

MRS. I. COOKE, S.R.N.

MRS. P. R. BROWN, S.R.N.

MRS. S. J. REED, S.R.N.

Mental Welfare Officers

MISS A. BENSON

G. E. SKIPPER (part-time)

J. WOODCOCK (part-time)

Assistant Domestic Help Organiser

MISS B. PAGE

Ambulance Officer

J. DERRY

Chief Clerk

A. G. SHOBRIDGE

STATISTICS

Population—Census 1961	...	...	...	52,970
Population—1965 (estimated by Registrar-General, mid-year)				52,700
Area of the Borough including all inland waters (acres)	...			4,533
Area of land not covered by water (acres)	...	...		3,689
No. of persons per acre	...	...	...	14.4
Rateable value (1st April 1965)	...	...	...	£2,279,883
Product of a penny rate 1965-6	...	...	...	£9,330

* * *

Live Births.				Males	Females	Total
Legitimate	...	...	...	335	387	722
Illegitimate	...	...	...	50	42	92
				385	429	814

Crude live birth rate per 1,000 population	...	...	15.44
Adjusted birth rate (area comparability factor 1.08)		...	16.67
Illegitimate live births per cent of total live births		...	11.3

Stillbirths :—

Number	...	...	...	...	8
Rate per 1,000 total live and still births	...		...	...	9.73
Total live and stillbirths	...	...	...	...	822
Infant deaths (deaths under 1 year)		...	...	...	17

Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	...	20.88
Legitimate infant deaths per 1,000 legitimate live births		...	19.39
Illegitimate infant deaths per 1,000 illegitimate live births		...	32.60
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live birth)	...	...	15.97
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	14.74
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	...	24.33

Maternal mortality (including abortion) :—

Number of deaths	...	...	...	Nil
Rate per 1,000 total live and stillbirths	...	...	...	—

* * *

				Males	Females	Total
Deaths	...	...	...	403	349	752
Crude death rate per 1,000 population		...	...	...	...	14.27
Adjusted death rate (area comparability factor 0.78)		...	...	...	...	11.13

METEOROLOGY

The weather generally was not so favourable as last year. Temperatures were lower, rainfall increased by 3 inches and there was less sunshine, particularly during the summer months. The following table, based on statistics included in the Registrar-General's weekly returns for England and Wales, gives some particulars of the readings taken at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean	Mean		Mean Daily	Mean length of day
			Maxi- mum	Mini- mum			
	°F	°F	°F	°F		hours	hours
January	53	21	43.4	35.3	2.1	1.8	8.0
February	50	30	41.7	35.8	1.4	1.7	9.6
March	58	23	43.5	33.2	1.5	3.1	11.5
April	69	35	51.1	40.4	1.9	4.0	13.4
May	68	37	56.3	46.8	2.2	6.1	15.4
June	71	45	61.4	51.5	1.5	5.2	16.6
July	73	42	63.9	52.9	2.9	4.7	16.4
August	77	49	66.1	54.9	1.9	6.6	14.9
September	69	44	62.6	51.6	3.1	4.7	13.0
October	66	38	58.9	50.7	1.3	4.3	10.9
November	59	28	47.1	40.5	1.8	2.7	8.9
December	56	24	44.0	36.6	3.9	1.9	7.7

POPULATION

The Registrar-General's estimate of the mid-year population was 52,700. This is 20 less than last year's estimate. There has been no significant change in the population during the past five years. The natural increase in the population (excess of births over deaths) was 62. A table on page 15 gives the population for previous years.

MARRIAGES

The number of marriages during the year was 471, an increase of 9 as compared with last year.

BIRTHS

LIVE BIRTHS.

A total of 814 live births were registered during the year (385 males and 429 females). Apart from 1963 when the figure was 815, this is the highest figure since 1948 and the resulting adjusted birth rate of 16.7 per 1,000 population has not been exceeded since that year. The provisional national rate was 18.1 per thousand population. Of the total births, 92 were illegitimate, 20 more than last year. Expressed in relation to 1,000 live births, the local illegitimacy rate was 113, as against 101 last year. The national rate was 77.

STILLBIRTHS.

There were 8 stillbirths (5 male and 3 female). This is the lowest figure ever recorded and it gives a remarkably low rate of 9.7 per 1,000 total live and stillbirths. The national figure was 15.8. Three of the stillbirths were illegitimate.

DOMICILIARY BIRTHS.

The percentage of babies born at home to mothers whose residence is normally in Great Yarmouth was 56%. The national rate for 1964 was 30%. The Registrar-General does not provide information about domiciliary births and this percentage has been estimated on notified births adjusted for inward and outward transfer, a figure which differs slightly from the figure for registered births. The actual figures are :—

Total adjusted notified births	819
Total adjusted domiciliary confinements	456

MORTALITY

After adjustment for inward and outward transfers, the number of deaths was 752 (403 male and 349 female). This is 44 higher than last year, and gives a crude death rate of 14.27 per 1,000 population. When, however, the Registrar-General's area comparability factor (a statistical calculation which allows for the difference between the sex and age distribution of a local population and that of the country as a whole) is applied the adjusted rate of 11.1 is the same as last year. This is because the factor is 0.78 this year as against 0.84 last year. The provisional national rate per 1,000 population was 11.5.

The table on page 16 shows the causes of death in age groups classified in accordance with the international categories adopted by the Registrar-General and the following table gives the number of deaths for each sex and percentage of deaths in age groups. There was no significant change from last year with three quarters of the deaths occurring in the age group 65 and over.

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Total 1965	Total 1964
Males	8	2	1	5	10	88	124	165	403	365
Females	9	—	—	2	15	47	68	208	349	333
Total	17	2	1	7	25	135	192	373	752	698
% of total	2.3	0.3	0.1	0.9	3.3	18.0	25.5	49.6		

Heart disease, cancer and vascular lesions of the nervous system were again the principal causes of death and accounted for 70% of the total deaths. The following table shows the numbers and percentages for each of these categories with the relative figures for last year.

Cause of death	1964			1965		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease— all forms	260	4.93	37.24	274	5.19	36.43
Cancer— all forms	128	2.42	18.33	160	3.03	21.27
Vascular lesions of central nervous system	98	1.85	14.04	98	1.86	13.03

A disturbing feature was the increase in male deaths due to lung cancer from 24 (6.6% of total male deaths) last year to 33 (8.2% of total male deaths) this year. Deaths due to breast cancer, however, dropped to 8 as against 18 last year and this was the lowest figure recorded since detailed records have been kept.

INFANT MORTALITY.

There were 17 infant deaths (8 male and 9 female) and the resulting infant mortality rate is 20.9 per 1,000 live births.

The provisional national rate of 19.0 is the lowest ever recorded.

NEONATAL MORTALITY.

Thirteen of the 17 infant deaths mentioned in the infant mortality group occurred within the first four weeks of life. The local rate was thus 16.0 per 1,000 live births and the national rate was 13.0. All but 2 of the deaths were associated with prematurity.

PERINATAL MORTALITY.

Of the 13 deaths in the neonatal group, 12 occurred within the first week of life and this figure, together with 8 stillbirths, gives the "perinatal mortality rate" of 24.3 per 1,000 total live and stillbirths. The national rate was 26.9.

MATERNAL MORTALITY

There were no deaths attributable to maternal causes.

VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS			PERINATAL MORTALITY		
		Number	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951†	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.2	28	39.4	37.4
1956	51,500	738	14.8	15.6	656	11.9	11.7	17	23.0	23.8	14	19.0	16.8	21	27.7	22.9	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.1	10	13.4	16.5	16	21.0	22.5	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.5	11	15.6	16.2	17	23.5	21.5	25	34.7	35.0
1959	51,300	740	14.7	16.4	722	12.6	11.6	12	16.2	22.2	7	9.4	15.9	15	19.8	20.8	21	27.8	34.1
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.8	8	10.4	15.5	14	17.8	19.8	21	26.8	32.8
1961†	52,970	766	14.8	17.5	697	11.5	11.9	13	16.9	21.4	9	11.7	15.3	17	21.7	19.0	24	30.6	32.0
1962	52,450	799	15.5	17.9	658	10.5	11.9	12	15.0	21.7	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.1	811	12.9	12.2	17	20.8	21.1	10	12.3	14.3	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2
1965	52,700	814	16.7	18.1	752	11.1	11.5	17	20.9	19.0	13	16.0	13.0	8	9.7	15.8	20	24.3	26.9

* Crude rate.

† Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1965.

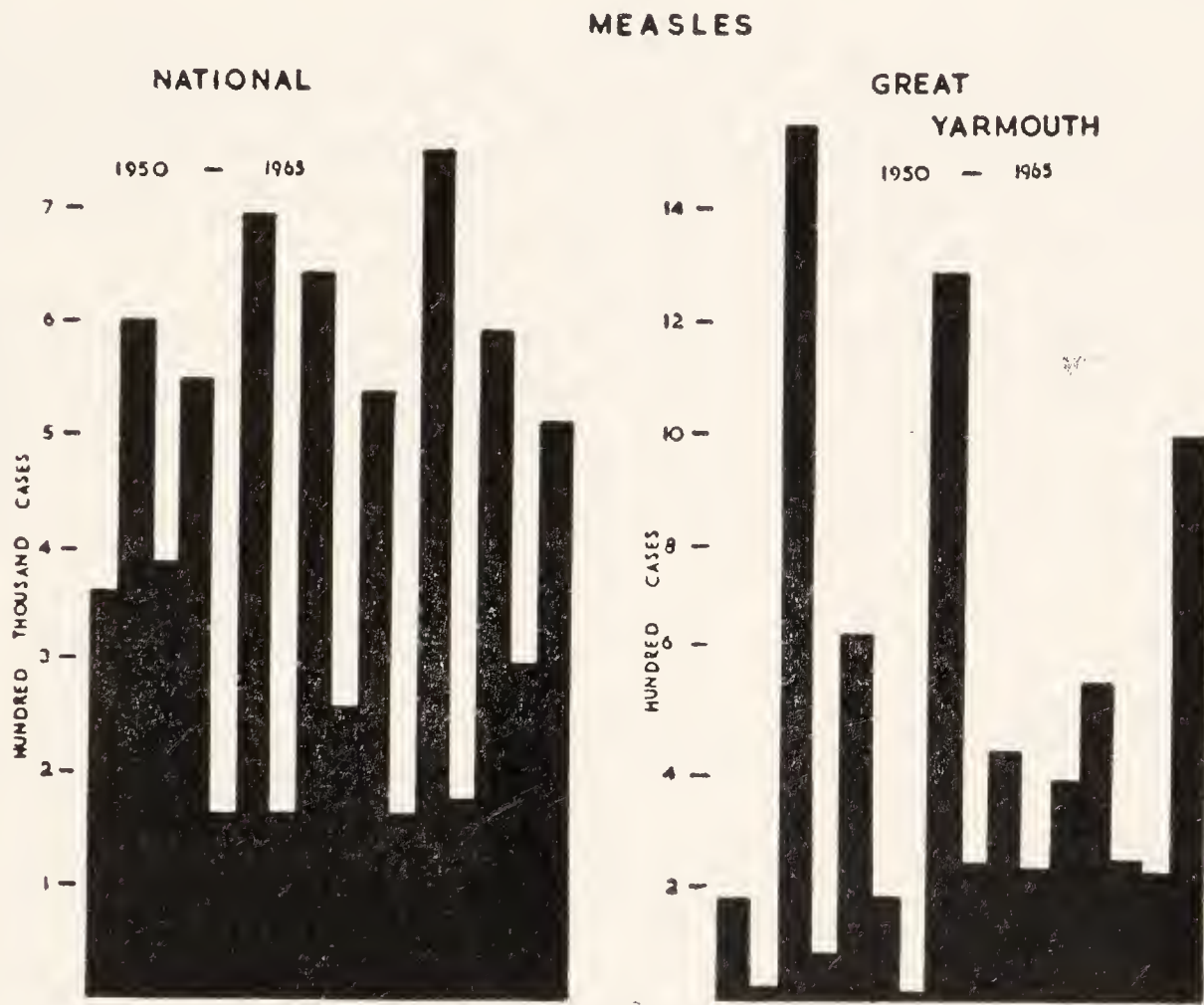
Cause of death	Males	Females	Age Groups								All ages 1965	All ages 1964
			Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over		
Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, other ...	1	—	—	—	—	—	—	1	—	—	1	1
Syphilitic disease ...	1	—	—	—	—	—	—	—	—	1	1	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm, stomach	11	10	—	—	—	—	—	7	4	10	21	10
Malignant neoplasm, lung, bronchus ...	33	3	—	—	—	—	2	17	14	3	36	27
Malignant neoplasm, breast	—	8	—	—	—	—	1	3	3	1	8	18
Malignant neoplasm, uterus	—	7	—	—	—	—	3	3	—	1	7	7
Other malignant and lymphatic neoplasms ...	47	40	—	—	—	—	5	22	31	29	87	63
Leukæmia, aleukæmia ...	—	1	—	—	—	—	—	1	—	—	1	3
Diabetes ...	3	—	—	—	—	—	—	1	1	1	3	6
Vascular lesions of nervous system ...	38	60	—	—	—	—	—	10	25	63	98	98
Coronary disease, angina ...	100	58	—	—	—	—	3	37	49	69	158	149
Hypertension with heart disease	2	12	—	—	—	—	—	1	3	10	14	13
Other heart disease ...	41	61	—	—	—	—	4	4	13	81	102	98
Other circulatory disease ...	23	21	—	—	—	1	2	7	4	30	44	40
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	28	14	1	—	—	—	—	1	12	28	42	29
Bronchitis ...	29	10	—	—	—	—	—	7	20	12	39	26
Other diseases of respiratory system ...	2	—	—	1	—	—	—	1	—	—	2	3
Ulcer of stomach and duodenum ...	3	—	—	—	—	—	—	1	—	2	3	2
Gastritis, enteritis and diarrhoea	—	1	—	—	—	—	—	—	—	1	1	1
Nephritis and nephrosis ...	1	1	—	—	—	—	—	—	1	1	2	3
Hyperplasia of prostate ...	4	—	—	—	—	—	—	—	—	4	4	9
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	1
Congenital malformations	7	1	6	—	1	1	—	—	—	—	8	5
Other defined and ill-defined diseases ...	17	30	10	—	—	2	1	8	10	16	47	51
Motor vehicle accidents ...	2	2	—	—	—	2	1	—	—	1	4	11
All other accidents ...	7	8	—	1	—	—	3	1	1	9	15	13
Suicide ...	3	1	—	—	—	1	—	2	1	—	4	3
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ...	403	349	17	2	1	7	25	135	192	373	752	698

INFECTIOUS DISEASES

The incidence of notifiable diseases was again low with the exception of Measles. The table on page 20 gives in age groups the number of notifications received.

MEASLES.

Last year I pointed out that the local incidence of measles did not match the national pattern, which shows large and small outbreaks in alternate years. This year there was a high national incidence as expected, and the local incidence was also high. The following diagrams show the differences between the two patterns since 1950.



INFECTIVE HEPATITIS.

Eighteen cases were notified in 1965 compared with 8 cases in 1964.

FOOD POISONING

There were 2 formal notifications of food poisoning. Both were isolated cases and no satisfactory answer was found in spite of investigation and bacteriological examination of suspected food residues.

TUBERCULOSIS.

The number of cases on the Tuberculosis Register at the end of 1965 was 363 compared with 357 at the end of 1964. They were classified as follows :—

	Male	Female	Total
Pulmonary	169	174	343
Non-pulmonary	10	10	20
Total	179	184	363

New Cases.

The number of cases which came to notice was 13, of which 9 were formal notifications and 4 transfers from other areas. The number of notifications gives a rate for all forms of the disease of 0.24 per thousand population, compared with 0.28 in 1964. The following table gives an analysis of the notifications by age and sex.

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	1	—	1	1	—	—	—	—	3
Females	—	—	—	—	—	1	—	—	1	1	—	—	—	3
Non-Pulmonary														
Males	—	—	—	1	—	—	—	—	—	1	—	—	—	2
Females	—	—	—	—	—	—	—	—	1	—	—	—	—	1

More detail with regard to new cases is given in the section of the report which deals with the prevention of illness, care and after-care.

The numbers of notifications and deaths from all forms of the disease, with resultant rates per 1,000 population for each year since 1950 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—
1963	13	1	0.25	0.02	3	—	0.06	—
1964	13	2	0.22	0.04	2	1	0.04	0.02
1965	6	3	0.11	0.05	—	1	—	0.02

VENEREAL DISEASES.

The following figures are extracted from the annual statistical table provided by the Consultant :—

There were no cases of syphilis diagnosed in patients attending the clinic for the first time.

The number of new cases of gonorrhoea increased by 3 to 32, of which twenty-five were male and seven female.

Of the 103 other patients attending the clinic for the first time, 41 required no treatment, 22 were suffering from non-gonococcal urethritis and 40 received other forms of treatment.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1965	Total 1964
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	—	2	1	—	1	—	—	—	—	4	23
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	14
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	25	207	332	428	8	7	—	—	—	—	1007	214
Pneumonia	—	—	—	—	—	—	1	1	3	—	5	1
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	—	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	1	1	—	—	2	1
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	8	4	2	3	1	—	—	18	8
Total	25	207	334	437	12	10	5	3	3	—	1036	264

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal care either in clinics or in the patients' homes as part of their routine duties. Two clinic sessions are held weekly, on Monday afternoons in Great Yarmouth and on Tuesday afternoons in Gorleston. Separate booking sessions, where the mother comes to book a midwife and is invited to attend the mothercraft classes, are held on Tuesday afternoons in Gorleston and on Wednesday afternoons in Great Yarmouth. At a medical level, the work is the responsibility of the general practitioner and none of it now devolves on the medical staff of the department.

PARENTCRAFT AND RELAXATION CLASSES.

These classes remain popular and are a useful means of giving instruction to mothers having their first baby. Each 'course' consists of seven evening sessions and includes lectures, films and demonstrations. Films continue to promote interest, especially the one dealing with the birth of a baby. It was shown twice during the year; on the first occasion it was seen by 40 mothers and 10 fathers and on the second occasion by 54 mothers and 28 fathers. The number of mothers who attended classes was 217, and of these 59 were booked for hospital confinement. The number of attendances was 1,006.

MATERNITY OUTFITS.

These were provided free of charge for mothers having their babies at home. If mothers were transferred to hospital because of an emergency or under the early discharge scheme, a large pack was exchanged for a smaller one. A total of 595 packs were issued during the year.

THE "AT RISK" REGISTER.

The "At Risk" Register compiled in the department was maintained. Its purpose is to identify at the earliest possible stage infants who are at risk of developing handicapping conditions, with a view to ensuring that they obtain special supervision and if necessary prompt treatment. The conditions which cause a child to be "at risk" were mentioned in the 1963 report.

All Midwives, both in hospital and domiciliary practice, were asked to provide information on the notification of birth cards, and in order that the information should be kept confidential pre-paid addressed envelopes instead of stamped postcards, were issued to the Midwives.

The Notification of Births Act, 1965 made the issue by authorities of prepaid addressed envelopes, instead of postcards, obligatory, but as recorded in last year's report, this procedure had already been adopted by this Authority.

Health Visitors have also been advised of the conditions to look for and they compile the Register with the advice, where necessary, of the Senior Assistant Medical Officer of Health or the general medical practitioner. It is reviewed periodically and the names of children who are developing normally are removed. At the end of the year there were 171 names on the Register.

CONGENITAL ABNORMALITIES.

As reported last year, the Ministry of Health introduced a scheme for ascertaining and reporting to the General Register Office all congenital abnormalities apparent at birth. The information was obtained through the notification of birth cards as mentioned earlier, completed by the midwives with the advice, where required, of the general practitioner or hospital consultant. The following table shows details of the 16 cases reported to the General Register Office. Of the 16 cases, 3 had more than one abnormality and this accounts for the discrepancy in the numbers.

Talipes	4
Mongol	2
Congenital dislocation of hip	1
Malformed left hand	1
Congenital heart disease	3
Cataract left eye	1
Anencephalic	2
Spina bifida	3
Hydrocephalic	1
Meningocele	1
Myelocele	1

Congenital dislocation of the hip is now regarded as a preventable condition. Susceptibility to it can be diagnosed by a "click" test and preventive measures can then be instituted. Since 1963 all the midwives and health visitors have been trained to carry out this test and it is applied to all babies in the area. All suspicious cases are referred to the general practitioner or to the orthopaedic surgeon.

PREMATURE BIRTHS

(i.e. live births and stillbirths of 5½ lbs. or less at birth).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb. 3 oz. or less	4	4	—	—	—	—	—	—	—	—	—	—	—	1
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	3	2	—	—	—	—	—	—	—	—	—	—	4	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	5	1	—	—	1	—	—	—	1	—	—	—	—	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	6	1	1	—	5	—	—	—	—	—	—	—	—	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	12	—	—	—	15	—	—	—	—	—	—	—	1	—
6 Total	30	8	1	—	21	—	—	—	1	—	—	—	5	1

PREMATURE BABIES.

The care of premature babies has been the responsibility of the Paediatric Health Visitor as previously reported. She visits the homes of babies born in hospital before they are discharged to ensure that facilities for their care, especially the heating arrangements, are adequate and she continues to visit until she is satisfied that the mother can manage on her own. The table on page 23 gives details of premature births. Of the 61 premature babies, only 21 were nursed at home. There were also 6 premature stillbirths, five in hospital and one at home.

PREVENTION OF COLD INJURY

This subject has been discussed at some length in previous reports and the need to prevent chilling emphasised, but in spite of talks at ante-natal clinics, mothercraft classes and individual talks in the home to mothers, some children are still exposed to this danger. In one instance, had it not been for the prompt action of the Paediatric Health Visitor in recognising the symptoms and closely supervising the mother, a child of one month old might have developed this condition.

CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church Hall, Gorleston)	— Wednesday, 2.30 p.m. to 4.30 p.m.

The clinics held on Friday afternoons in Great Yarmouth provide facilities for vaccination and immunisation each week.

The following table shows the number of children in their age groups who attended the clinics :—

Clinic	1965	Children attended during the year		
		Born in		
		1964	1960/63	Total
Great Yarmouth	340	298	214	852
Gorleston	209	237	302	748
Magdalen	132	97	64	293
Total	681	632	580	1893

The following table shows the number of attendances during the year in age groups :—

Clinic	Attendances during the year		
	Under one year of age	1 - 5 years	Total number of attendances
Great Yarmouth	7031	1848	8879
Gorleston	3915	1783	5698
Magdalen	2414	582	2996
Total	13360	4213	17573

The following Ministry of Health table gives further details about the Clinics :—

Number of children who attended during the year :

(1) Born in 1965	...	...	...	...	681
(2) Born in 1964	...	...	...	...	632
(3) Born in 1960/3	...	...	...	...	580
			(4) Total		1893

Number of sessions held by :

(5) Medical Officers	...	...	...	...	207
(6) Health Visitors	...	...	...	...	102
(7) G.P.'s employed on a sessional basis	...	...	...	...	—
(8) Hospital medical staff	...	...	...	...	—
(9) Total number of sessions in Lines (5) - (8)					309
(10) Number of children referred elsewhere	...	...	...	...	31
(11) Number of children on "At Risk" Register at end of year					171

The number of attendances this year was 17,573. This is a decrease of 1,020 on last year's figures. This fall may be an indication that some of the young mothers of today are becoming more independent and are only visiting the clinics when they need advice on some specific problem. In addition it is known that a greater proportion of the Gorleston mothers are attending their doctors' surgeries for immunisation and vaccination.

WELFARE FOODS.

Welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) were available at the clinics listed above and at the times stated. There are no other distribution centres in the town.

The following table gives particulars of the number of items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vitamin Tablets	Bottles Orange Juice
31.3.65	2029	273	240	2766
30.6.65	2225	198	236	3375
30.9.65	2165	148	244	3483
31.12.65	2025	234	266	3120
Total	8444	853	986	12744
Total 1964	8086	798	993	12939

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There is close co-operation between the Health Department and St. Paul's Lodge, the Mother and Baby Home run by a voluntary committee under the auspices of the Norwich Diocesan Council for Social Work, to which the Corporation makes a grant.

As reported last year, the policy of the Home is much more flexible about allowing the girls to leave earlier than the usual period of six weeks. Most of them go very much earlier and only a few remain longer than a month. The number of girls who passed through the Home this year was 47, and 36 were under 20 years of age. Seventeen of them were aged 17 years and under.

The Superintendent, as outside worker, dealt with the problems of 37 mothers and their babies and of these 8 were between 14 and 17 years of age.

The Authority accepted financial responsibility for 8 mothers, of whom four were admitted to the local Mother and Baby Home and four to homes outside the area.

FAMILY PLANNING.

The clinics were conducted by the local branch of the Family Planning Association in the Authority's premises as in previous years. As reported last year, there are now weekly clinics in both Yarmouth and Gorleston. The figures supplied by the Branch for the past year are as follows :—

	Great Yarmouth	Gorleston
Number of sessions held	48	48
Number of new patients	133	104
Total number of people who sought help	398	291
Total number of visits paid	1479	1132

DENTAL CARE.

The Senior Dental Officer reports as follows :—

The number of mothers seen shows a decrease as does the fillings done for this group. The increase in extractions is not large and one full mouth clearance could well account for the number. The fall in attendances whilst not great, may be accounted for by the establishment of a new private practitioner in Gorleston. Careful check by midwives and staff would seem to indicate a greater awareness of the need for early treatment in young mothers.

The numbers of children under five has increased and more fillings and fewer extractions have been done. This is regarded as a good sign and evidence that the teaching of preventive dentistry is bearing fruit. It is hoped in the near future to produce a pamphlet for distribution to young mothers stressing the need for early inspection of teeth of children from the age of three years upwards and detailing the services available.

(a) Numbers provided with dental care :—

	Number of per- sons examined during the year (1)	Number found in need of treatment (2)	Number of persons who commenced treatment during the year (3)	% of those needing treatment who were treated (4)	Number of courses of treatment com- pleted during the year (5)
Expectant and nursing mothers :					
1963	87	71	66	93.0	34
1964	65	46	41	89.2	71
1965	41	36	34	94.4	25
Children under five :					
1963	345	167	145	86.8	140
1964	423	227	216	95.2	226
1965	439	196	186	95	147

(b) Forms of dental treatment provided :—

	Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extractions (5)	General anaesthetics (6)	Dentures provided		Radiographs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
Expectant and nursing mothers :									
1960	28	67	7	—	103	28	11	16	7
1961	41	57	4	—	146	27	13	13	7
1962	10	48	—	—	94	18	4	17	6
1963	29	29	8	—	134	28	10	21	12
1964	27	62	—	1	61	11	10	9	5
1965	10	46	1	—	88	13	8	9	6
Children under five :									
1960	—	87	180	—	165	77	—	—	—
1961	3	83	146	—	138	69	—	—	2
1962	1	102	246	—	190	85	—	—	2
1963	—	82	161	—	155	80	—	—	6
1964	12	120	280	—	198	100	—	—	—
1965	1	160	232	—	142	66	—	—	—

MIDWIFERY SERVICE

This section includes information on the duty of the local authority to provide a domiciliary service under Section 23 of Part III of the National Health Service Act, 1946, and on its function under the Midwives Act, 1951, to act as Local Supervising Authority.

INSTITUTIONAL MIDWIVES

Twelve midwives employed at Great Yarmouth General Hospital notified their intention to practise in this area. One of them underwent a refresher course, which was arranged locally by the Consultant Obstetrician, in accordance with the Rules of the Central Midwives Board. There were no notifications from midwives in private practice.

MUNICIPAL MIDWIVES.

Twelve midwives notified their intention to practise. Included in this number is the Supervisor of Midwives and one permanent part-time midwife. During the year one midwife left the service to take up a hospital appointment and two midwives retired. In October Miss M. M. Knights retired after 17 years service and in December Miss E. Glücksmann retired after 20 years service. The good wishes of the department were extended to them.

It was not found possible to fill both of the vacancies and the service was understaffed from April to the end of the year. New conditions of service, which included more off-duty and holidays, added to the difficulties and when sickness supervened towards the end of the year the service was reduced to a skeleton staff. However, the usual standard of work was maintained in spite of the difficulties.

NUMBER OF CONFINEMENTS

The total number of births, including those to mothers not normally resident in the Borough, rose from 1,137 last year to 1,204 this year. Births at home numbered 473 and in hospital 731. Included were two sets of twins born at home and twenty sets born in hospital. Of the patients delivered in hospital, 186 were discharged to their homes before the tenth day and received care from the district midwives.

MATERNAL DEATHS.

There were no maternal deaths during the year.

ADMINISTRATION OF ANALGESIA.

All midwives are trained in the administration of Trilene analgesia and prefer to use the small and easily transportable apparatus. During the year Trilene was administered to 363 patients on the midwives' own responsibility and to 65 when a doctor was present. Pethilorfan was administered to 220 patients on the midwives' own responsibility and to 45 when a doctor was present.

CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the small number of beds available. Of the 153 cases investigated 21 were rejected and 127 were recommended. In the remaining 5 it was suggested to the general practitioner that they might be referred to hospital on medical grounds.

MIDWIVES' ANTE-NATAL CLINICS.

Ante-natal clinics were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston, at which midwives conducted routine examinations of mothers booked for home confinement. Home visits are necessary towards the end of pregnancy and are also available for people who find it inconvenient to attend the clinics. The number of attendances was 3,043, as against 2,994 last year.

Health Visitors also attend the clinics and continue to lead informal discussions with the mothers and they welcome the opportunity of meeting the mothers whom they will visit after the babies are born.

Classes for health education and parentcraft are undertaken jointly by Health Visitors and Midwives and this arrangement works very well.

STANDARD CO-OPERATION CARDS.

These cards are intended to facilitate the exchange of information between doctors, midwives and hospitals about individual mothers. They are retained by the mothers and produced to each member of the team for entries to be made after each consultation. Most of the doctors use these cards.

MEDICAL AID

The number of patients for whom medical aid was summoned during the year under Section 14(i) of the Midwives Act, 1951 by the Midwives was as follows :—

(a) For domiciliary patients :—

(i) Where the medical practitioner had arranged to provide the patient with a maternity medical service under the National Health Service	75
(ii) Others	Nil

(b) For patients in institutions 395

HEALTH VISITING

The establishment of this service was raised to eight during the year to allow for the appointment of a Geriatric Health Visitor. Two new Health Visitors were appointed in the Spring to replace those who left at the end of last year and the staff now consists of seven full-time Health Visitors and one part-time Tuberculosis Health Visitor.

The year saw the retirement of Mrs. Burnell in July after 35 years of loyal and devoted service to the Council. Mrs. Burnell was succeeded by Miss Walton, who successfully completed her Health Visitor's training, which had been sponsored by the Council.

Mrs. Russel was appointed to the new post of Geriatric Health Visitor in December. She covers the whole town and has special duties in relation to the care of the elderly. She also has liaison with the Geriatric Department and with the Department of Rheumatology at the hospitals. Apart from geriatrics and tuberculosis, the Health Visitors are responsible for all the work in the districts which have been allotted to them but Health Visitors with special interests or skills are sometimes asked to undertake work in other districts, e.g. in connection with problem families, health education, venereal diseases or paediatric patients.

The early detection of defects and abnormalities still continues to be an important part of the work of the Health Visitor. Information concerning those children thought to be "at risk" is obtained from the notification of birth cards. They pay special attention to these children until it is clear that they are developing normally. There were 171 on the active register at the end of the year. Urine testing for phenylketonuria of all new babies was maintained and all the 1330 tests carried out during the year were negative.

The Health Visitors undertook work in connection with the following surveys in which the department agreed to participate :—

National Survey of Health and Development—Medical Research Unit at the London School of Economics.

Perinatal Mortality Survey—National Birthday Trust.

Survey of Diet and Dental Caries in young children—Society of Medical Officers of Health, Dental Group.

Local hospitals send to the department information about all children and some adults who have been treated as in-patients, and this is passed to the Health Visitors, who visit where necessary. In addition to this, a Health Visitor attends the ward round of the Children's Ward and the out-patient clinic and acts as liaison officer between the Consultant Paediatrician and the department. This is a very satisfactory arrangement for the interchange of information.

The numbers of aged and handicapped persons on the visiting lists of Health Visitors were as follows :—

Aged	238
Spastics	17
Epileptics	35
Others	81
	<hr/>
	371
	<hr/>

The following is a table from the Ministry of Health Return showing the number of cases visited during the year :—

Number of children under 5 years of age visited during the year 3869

Persons aged 65 or over visited at special request of general practitioners or hospital

20

Mentally disordered persons	10
Number of mentally disordered persons visited at special request of general practitioner or hospital	2
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	14
Number of persons, excluding maternity cases, discharged from hospital (other than mental hospitals) visited at special request of general practitioner or hospital	11
Tuberculous households	66
Number of households visited on account of other infectious diseases	2
Number of tuberculous households visited by the Tuberculosis Health Visitor	269

HOME NURSING SERVICE

The establishment of this service has remained at nine full-time and two part-time nurses and no changes in the staff occurred during the year.

Pursuing the Council's policy of having all eligible nurses trained in district nursing, two nurses attended three month courses which included practical training locally under the supervision of the Superintendent Nursing Officer. Both obtained the National and Queen's Institute of District Nursing certificates.

The possibility of the use of additional ancillary help in the health visiting, home nursing and midwifery services was the subject of a study following a recommendation of the Ministry's Standing Nursing Advisory Committee. In general it appeared that good use was being made of the skills of the qualified staff and that the only sphere in which additional ancillary help might be useful was the Home Nursing Service in which nurses devote considerable time to the bathing of patients. Consideration will be given to the appointment of bath attendants at a suitable opportunity.

The nurses' duties cover a broad range of general nursing, particularly of the old and the chronic sick, and the service has the merit of reducing pressure on hospital beds and facilitating earlier discharge from hospital. Through the services of the nurses many elderly patients are able to stay in their own homes instead of being admitted to institutions.

The pattern of work changes with changes in medical treatment. Increasing use of oral medication relieves the nurses of visits for the purpose of giving injections and new methods of treating ulcers have also reduced the number of visits required, but these reductions are

out-balanced by calls for the elderly chronic sick who may need extensive nursing and rehabilitation. The number of patients treated during the year increased slightly over last year's figure, and the number of visits considerably.

The nurses continued to test the urine of all new patients. Of the 681 tests 661 were negative, 14 were from known diabetics, one new diabetic was discovered and five specimens were found to contain albumin. The general practitioners were informed of the findings.

The Ministry of Health ask that information shall be included in this report concerning the provision and disposal of incontinence pads as recommended in the circular 14/63. As mentioned in previous reports, this Authority was providing these pads free of charge some time before the circular was issued. During this year 1300 pads were issued and there has been no difficulty so far in disposing of them after use.

In all the work of this section the department maintains the close co-operation with the hospitals and the general medical practitioners which is essential if the service is to function efficiently. The following is a summary of the work done in 1965 :—

Number of patients nursed	960
Number of new patients	721
Number of patients still on books at end of year	246
Number of visits to patients	29,206
Number of patients aged 65 or over	605
Number of patients under 5 years of age	18
Number of visits to patients aged 65 and over	19,693
Number of visits to patients under 5 years	115

The number of patients nursed and the number of visits paid to these patients during the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1956	1,561	33,790
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146
1960	996	30,372
1961	814	26,412
1962	861	26,581
1963	920	28,164
1964	915	27,733
1965	960	29,206

VACCINATION AND IMMUNISATION

SMALLPOX.

In 1965, 106 infants under one year and 352 between the ages of one and two were vaccinated, and the latter figure represents 44.6% of the total live births in 1964.

The number of vaccinations and re-vaccinations known to have been carried out in persons up to the age of 15 was 535, an increase of 123 on last year's figure.

The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination				Total
	Under 1	1	2 - 4	5 - 15	
Primary vaccinations	106	352	55	19	532
Re-vaccinations	—	—	—	3	3
Totals	106	352	55	22	535

It will be noted that, in accordance with Ministry advice, the majority of infants are now vaccinated in the second year of life. Most of the vaccinations under one year were done by general practitioners. Figures supplied by the Ministry of Health show that the estimated percentage of children under 2 years in Great Yarmouth who have been vaccinated was 58% in 1964. The national figure for the same year was 33%.

DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this. Separate antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 713 children were given a primary course of immunisation and 774 children received reinforcing doses.

Figures supplied by the Ministry of Health show that, of children born in 1964, 74% had been immunised against diphtheria in Great Yarmouth. The national figure for the same age group was 71%.

TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one vaccination is offered to all school children of thirteen years of age and upwards and

to all students attending establishments of further education, and the work is carried out in school by the full-time staff of the department. The second part involves the vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician. The following table gives details of the work done during 1965 :—

Schoolchildren Scheme—

No. skin tested	731
No. found positive	33
No. found negative	650
No. vaccinated	650

Contact Scheme—

No. skin tested	99	
No. found positive	31	
No. found negative	68	
No. vaccinated	111	(including babies vaccinated without previous skin test)

POLIOMYELITIS.

Oral Sabin vaccine is now used almost exclusively in this Authority's area to produce immunisation against poliomyelitis. No Salk vaccine was used other than that contained in a Quadruple vaccine used by some general practitioners. Only 12 children received this form of immunisation, all for primary vaccination.

The following table deals with the administration of oral vaccine during the year :—

Oral Vaccine

Age Group	3 doses completed
Born 1965	214
1964	470
1963	56
1962	27
1958-1961	105
Others under age 16	8
	<hr/>
	880
	<hr/>
Oral booster dose (schoolchildren)	627

Of the total of 1,519 persons vaccinated with either vaccine 26% of the doses were given by family doctors, and 74% either at the clinics or in the schools.

Figures supplied by the Ministry of Health show that of children born in 1964, 76% had been immunised in Great Yarmouth against a national figure of 65%.

AMBULANCE SERVICE

There was no change in the staff establishment, which remained at one Ambulance Officer, eighteen full-time driver/attendants, and one part-time driver/attendant. The vehicle strength was seven ambulances and these are maintained and serviced at the Borough Engineer's Depot which is adjacent to the Ambulance Station. All vehicles are in radio contact with the main station at Churchill Road.

Although the total mileage was almost 5,000 less than last year's exceptionally high figure, the number of journeys was the highest ever recorded and the number of patients carried was slightly increased.

Statistics :—

Year	Patients carried	Journeys	Mileage
1960	15,420	7377	100,502
1961	16,374	7181	100,990
1962	17,325	7300	98,904
1963	16,979	7080	99,774
1964	17,648	6919	104,959
1965	17,669	7,412	100,244

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

All the normal activities in health education were maintained. The new peg board, mentioned in last year's report, continues to be a great success and is frequently in use. One of the Health Visitors takes the responsibility of ensuring that displays and posters in clinics are changed regularly. As the seasons change, so do the displays. In the Spring they cover diet, care of the teeth, posture and care of the feet; in Summer there follow displays on immunisation, clean food, swimming and the care of children on beaches, safety in the homes and fire precautions are the main subjects in Autumn and in Winter the themes are on prevention of the spread of infection and the prevention of cold injury in young children and in the elderly. When there is a national campaign on some topic in the press or elsewhere the opportunity is taken to support it.

Talks on health matters were given by members of the staff to various organisations in the town and, as reported elsewhere, at ante-natal clinics. The Deputy Medical Officer of Health showed a film and gave a talk to the employees of a local food factory on the subject of food hygiene. In January the Medical Officer of Health and the Deputy took a major part in a two-day course for teachers on the subject of the School Health Service.

SMOKING AND HEALTH.

In January the department ran a poster campaign throughout the town on the subject of smoking and health. In May the Medical Officer of Health, in a letter to the Editor of the local paper, drew attention to the fact that the film "The Smoking Machine" was being exhibited at the children's matinee at a local cinema and encouraged parents to send their children to see it. In other ways throughout the year the department continued to spread knowledge about the dangers of smoking but, as in other spheres of health education where the individual has to be persuaded to change his habits in the interests of his health, the task is difficult, not to say frustrating.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS.

The Ministry of Health arranged for Medical Officers at ports receiving immigrants to forward to Medical Officers of Health in areas concerned the addresses of long stay immigrants so that these immigrants could be visited and given general information about the health services. It was hoped to persuade them to register with general medical practitioners and to have a chest x-ray if this was appropriate. During the year notification was received concerning 32 long-stay immigrants and all of them were successfully followed up.

VENEREAL DISEASES.

The activities in education on venereal diseases were quite small as compared with last year. The supply of posters for exhibition in public lavatories was maintained. While the increase in venereal diseases is a serious national problem, evidence does not suggest that there is a high incidence here.

Follow-up facilities were again available in the tracing of contacts, but they were little used during this year.

TUBERCULOSIS.

The prevention of tuberculosis and the care and after-care of patients are the main responsibility of the Tuberculosis Health Visitor under the general guidance of the Chest Physician. Tracing and examination of contacts remains an important part of the work. Of the nine new notifications two were diagnosed at contact examination and one was referred from the Mass Radiography Unit in another area. Two of the new patients worked in small business concerns in the town and all employees in the two firms were x-rayed and skin tested if necessary. Good co-operation was obtained from the employers in both instances.

At the end of the year 26 patients were receiving anti-tuberculous drug treatment at home and five young children with strongly positive tuberculin reactions were receiving prophylactic drug treatment. Although the majority of patients need no encouragement to persevere with a prolonged course of drug treatment, a few need constant vigilance. In

these cases co-operation from a helpful member of the family is most valuable in maintaining treatment. Patients living alone present a more difficult problem as the desire for better health is sometimes lacking. In helping them towards recovery it is of primary importance that they should be persuaded to take an active interest in life.

OTHER ILLNESSES.

The care and after-care of persons suffering from other forms of illness is provided mainly through the Health Visiting, Home Nursing and Home Help Services.

The hospitals provide information concerning all children discharged and visits to their homes are paid where necessary. As reported elsewhere, one of the Health Visitors regularly visits the paediatric out-patient clinic and the children's and maternity wards of the local hospital. She obtains useful information from the Consultant and his staff regarding the need for home visiting and gives them information concerning the home conditions and social background of the child.

This type of co-operation has been extended to include the rheumatic group of diseases. The Geriatric Health Visitor sends environmental reports to the Consultant concerning the patients on his hospital waiting list and occasionally visits his out-patient clinic for the exchange of information.

The Superintendent Nursing Officer continues to receive information from the hospitals about the elderly when they are about to be discharged and about the more acutely ill patients when they have recovered sufficiently to return home. The appropriate services are then provided to help them to become re-established in their own homes. Spastic, epileptic and other handicapped persons are visited periodically by the Health Visitors.

One of the problems facing the staff is the difficulty and often delay in obtaining hospital beds for patients who can no longer be nursed adequately in their own homes. Prolonged illness in these circumstances can produce a very severe strain on relatives.

LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of nursing equipment continue to operate very satisfactorily and the Council's thanks are due to them for their interest and support.

In addition to the equipment provided by the voluntary organisations, the department continues to supply nursing aids to patients under the care of the district nursing staff. Some new items of equipment were purchased during the year.

INCONTINENCE PADS.

As mentioned elsewhere, this Authority was issuing incontinence pads free of charge to patients before receipt of Ministry of Health

circular 14/63 and they have continued to provide them free of charge. The number issued increased from 400 last year to 1300 this year and so far there has been no difficulty in disposing of them, but if the numbers continue to rise it may become necessary to make some other arrangements in the future.

CHIROPODY.

A full-time qualified Chiropodist commenced duty in January and sessions were held throughout the year at the Greyfriars Way Clinic on Mondays and Wednesdays and at the Trafalgar Road, Gorleston, Clinic on Tuesdays and Thursdays. The Welfare Department's Old People's Hostels were visited on Fridays. Although treatment is available for the physically handicapped, expectant mothers and elderly people, almost all patients are in the latter group. No charges were made.

The number of sessions held was 478, and 3373 treatments were given, an average of seven patients per session. At the end of the year 786 people were on the register including 65 who were residents in the Hostels.

Proposals submitted to the Ministry for the development of the local health services include the gradual expansion of this service.

PROBLEM FAMILIES.

The work of the department with these families was maintained on the lines described in previous reports. The Welfare of Children Committee, which includes representatives from all departments of the Corporation concerned, met monthly. Policy on particular families is agreed and then action is taken by the appropriate officer or recommended to the appropriate Committee of the Council or to a voluntary organisation. The Committee serves a useful purpose in co-ordinating the work, and the pooling of information and resources prevents overlapping. Some of the families, however, are most resistant and require constant and prolonged supervision.

FLUORIDATION OF WATER SUPPLIES.

The Ministry have asked that the report should deal in detail with action taken by the Council under Circulars 28/62, 12/63 and 15/65 with a view to the fluoridation of the public water supplies.

The Council had considered this subject before the receipt of the first of these circulars and had before them a strong recommendation to approve the principle of fluoridation, but they decided to await Ministry guidance. They considered the subject again when this guidance was received in the circulars mentioned and also on other occasions, but they consistently rejected fluoridation. There was however evidence that opinion in favour of it was growing. They finally adopted the principle of fluoridation in the year following that to which this report refers, but it will not be possible to bring it into practice until the adjoining County Authorities which share the same water supply have also adopted the principle.

DOMESTIC HELP SERVICE

This service continues to grow in size and importance. It is an essential ancillary to the Health Visiting and Home Nursing Services and the three together can provide an efficient and specialised form of care. The Minister of Health, in Circular 25/65, stated that he regarded the provision of Home Helps as a service which is an important element of community care and one on which the domiciliary health and welfare services as a whole increasingly depend for their proper functioning.

The Service, however, presents various administrative difficulties. The pattern of work changes from day to day and indeed from hour to hour and the effort to satisfy the needs of the people and to make the best use of the Home Helps available places a strain on the administrative staff. There is also some difficulty in recruiting and retaining sufficient suitable staff and there is a fair amount of ill-health among them deriving, perhaps, from the nature of their work. The Minister of Health suggests that there might be an untapped source of recruits in the under-30 age group, but experience has shown that the prior claims of young families make women in this age group unreliable.

Over the past ten years the numbers of homes visited and the numbers of Home Helps employed have increased by $3\frac{1}{2}$ times, the number of visits by five times and the number of hours worked by six times. The following table gives the details :—

Year	Number of homes visited	Number of Home Helps employed	Number of visits made	Number of hours worked
1956	183	22	8,101	15,773
1965	644	79	45,310	84,462

The following table shows the categories of people helped during the year :—

Aged 65 or over on first visit in 1965	526
Chronic sick and tuberculous	34
Mentally disordered	6
Maternity	35
Others	43
	644

It will be noted that the elderly account for the greatest part of the work. Problem families have also been dealt with and in some cases it has been possible to rehabilitate the mother by giving advice and practical instruction on home management, child care and domestic

economy. The service can be most valuable in maternity cases and also in caring for children when the mother is ill or has to go to hospital. Some of the Home Helps become attached to the families they care for and do a lot of voluntary work outside the call of duty.

In very dirty houses two Home Helps, known in the Department as "The Dirt Squad", go together to clean up the house. They were called upon six times during the year. But for their excellent work it would be impossible to maintain some of the elderly people in their own homes.

During the year a selected number of Home Helps were given a course of in-service training which included first aid, home nursing and social studies. Eleven finished the course and were issued with certificates.

The Council decided that as from the 1st April the service should be free of charge. They were influenced in coming to this decision by learning of the amount of administrative time which was previously spent in helping old people to fill in assessment forms, in preparing accounts and in dealing with queries about them and also by the relatively small proportion of the cost of the service which was recovered. They were aware also that their decision might lead to an increase in demand for the service and to the possibility of abuse. Experience in the remaining months of the year showed that there was indeed an increased demand and supplementary estimates were granted to cover it. The service, however, had to be limited not mainly because of financial reasons but because of the inability to recruit a sufficient number of suitable helps. There was no evidence of abuse of the service and the only complaints received were from people who were willing to pay for more help than could be given to them from the limited service. The Committee felt that in coming to their decision they had anticipated the wishes of the Minister of Health when they received Circular 25/65 in which he encouraged expansion of the service and criticised the arrangements made by some authorities for recovering costs.

MENTAL HEALTH SERVICE

STAFF.

The establishment remained at three part-time Mental Welfare Officers, two of whom dealt with mental illness and one with sub-normality. One trainee Mental Welfare Officer sponsored by the Council will complete his course of formal training in July 1966.

MENTALLY ILL PATIENTS.

The number of admissions to mental hospitals arranged by the Mental Welfare Officers was 104, as compared with 96 in 1964. The following are the details :—

	Male	Female	Total
Informal Admissions	29	27	56
Admissions under Section 29 (urgent)	11	17	28
Admissions under Section 25 (for observation)	3	16	19
Admissions under Section 26 (for treatment)	1	—	1
	—	—	—
	44	60	104
	—	—	—

The Mental Welfare Officers also investigated 71 cases of suspected mental illness but without recourse to hospital admission. In addition to the patients listed above, a number were admitted informally by Consultants without direct intervention by the Mental Welfare Officers.

SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 79 persons (45 male and 34 female) in these categories living in the community and known to the Authority. Seven were in full employment and 50 attended the Training Centre. All the others received home visits from the Mental Welfare Officer.

Six new cases were reported, two from the School Health Service and four from other sources. Two men remained under the guardianship of the local authority. One attended the Training Centre, the other was employed in industry, but his record was rather erratic.

Two men and one woman were admitted to hospital on a permanent basis and one boy was admitted for temporary care.

One boy and one woman died during the year, the latter as a result of injuries received in a road accident.

THE TRAINING CENTRE.

At the end of the year there were 78 trainees on the register, of whom 50 were from Great Yarmouth and 28 from Norfolk. The arrangements for transport, meals, milk and dental and medical inspections were unchanged.

In the adult section there were 51 trainees. Four of the young women progressed sufficiently to undertake work in the community and three of them were doing well. As in previous years there was close liaison with local factories and they continued to allocate suitable work to the Centre. They expressed their satisfaction with the standard of work produced and in general have been most helpful in enabling the Centre to carry out useful and rewarding tasks.

Several mentally ill patients were referred to the Centre by Psychiatrists and were successfully integrated with the subnormal trainees. They found the experience helpful and three of them returned to normal employment.

The Minister has asked for particulars of the development of the mental health services, particularly the training of the mentally sub-normal. The Junior Section of the Training Centre is adequately housed in a purpose-built centre and is likely to remain so for a considerable time. The Adult Section occupies the hall of the Junior Centre and the accommodation is quite unsuitable and inadequate. The Council, however, has plans for building an Adult Centre which will be separate from the Junior Centre but on the same site.

CARE AND AFTER-CARE.

The care and after-care of mentally disordered patients was carried out by the Mental Welfare Officers. Among the visits which they paid to the homes of mentally ill patients or relatives, 50 were at the request of hospitals and there is in general close contact between the Mental Welfare Officers and the hospital staff regarding the supervision of patients in the community. General supervision of all sub-normal and severely subnormal patients in their own homes was maintained.

The Haven Club, which is the Psychiatric Social Club, met 45 times during the year. Membership varied between 9 and 18 and there were six new members. Thirteen other persons were interviewed and invited to attend but could not see their way to accept. One of the founder members was married during the year and several club members attended the ceremony as guests. An Occupational Therapist attended all the meetings and arranged activities suitable to the inclination and capacity of the individual members.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948, Section 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

When action has to be considered under this Section of the Act, every effort is made to avoid the use of compulsory powers and to solve the problem by other means. These efforts were successful in three of the four cases dealt with during the year.

One was an elderly lady who had refused to go to hospital, although she had been ill for a long time. Eventually, however, she was persuaded. While she was in hospital the “Dirt Squad” from the Home Help Service moved in and disinfected and cleansed her home thoroughly. After treatment in hospital she returned home and with the continued visits of the Home Help she is completely rehabilitated.

In the second case an old lady was living in appalling conditions. With the help of an officer from the Welfare Department she was persuaded to enter a hostel.

The third case was an elderly lady living alone who was mentally confused and a danger to herself and her neighbours. Again with the help of an officer from the Welfare Department she was persuaded to enter a hostel where she has settled down very happily.

No solution has yet been found for the fourth case. She is a resolute old lady who refuses all offers of help except for domestic help. She is unclean in her person, but refuses all offers of bathing and laundry facilities. She keeps a dog under unsatisfactory conditions, but refuses to be parted from him. She is active and wanders about the town for most of the day much to the distress of some of the citizens. Although conditions are far from satisfactory I have not yet felt justified in initiating Court action which might result in her being forcibly removed to an institution and forcibly detained there.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no day nurseries registered in the town. Of the four child-minders who were on the register last year, three ceased to operate and their registrations were cancelled. One person remained registered for ten children.

Initial investigations concerning registration are carried out by the medical and nursing staff and thereafter Health Visitors pay regular visits and make reports on child-minders.

NURSING HOMES

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There are two registered nursing homes, one for 50 patients and one for 24. Each provides care mainly for the chronic sick, although one takes post-operative patients from the General Hospital when requested to do so.

The Nursing Homes Act, 1963 empowers the local authority to ensure that the standards of staff, accommodation and equipment are appropriate to the work done and officers of the authority are permitted to interview patients privately. So far it has not been necessary to use this provision.

Routine inspections are carried out from time to time by the Superintendent Nursing Officer.

MEDICAL EXAMINATION OF STAFF 1965

Entrants to the Superannuation Scheme	120
Entrants to the Sick Pay Scheme	65
Teachers first teaching appointment	4
Teachers transfer to local schools	25
Teachers College entrants	37
Firemen's Pension Scheme	9
Examination for pension surrender	1
Examinations on behalf of other authorities	10
Examinations carried out by other authorities	1
	<hr/> 272 <hr/>

The Chief Public Health Inspector's Report

F. T. PORTER, M.A.P.H.I., C.S.I.B., Chief Public Health Inspector

INTRODUCTION

STAFF.

The establishment of qualified Public Health Inspectors was seven and one vacancy remained unfilled. Two trainees were appointed and started training at the Tottenham Technical College in September. One of them had already taken the intermediate qualification under arrangements made by another Authority.

LEGISLATION.

A relatively large number of new Regulations were received. The Dried Milk Regulations altered the categories for dried milk. The Meat Inspection (Amendment) Regulations extended for a further year the exemption of meat from inspection under certain circumstances. The Cheese Regulations, which come into operation in 1967, specified standards for all types of cheeses and the requirements for labelling and advertising. The Soft Drinks Regulations came into force in June and replace the Orders of 1953 and 1954. They deal with composition and use of sweeteners, labelling and advertising. Draft Regulations concerning standards for canned meat, meat pies, sausages and other meat products were also received with requests for observations by interested parties.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water was supplied by the East Anglian Water Company. The source was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad, which was brought into use when the salinity of the river water exceeded the statutory limit or when the total daily consumption exceeded six million gallons per day.

Pre-chlorination was used to control mussel growths in the pipes taking the water to the purification works at Ormesby. The purification process comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration, followed by chlorination.

The water supply to the area was adequate in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 74 gallons per head per day (domestic 35, industrial 39). These figures are based on the resident population and make no allowance for the large number of holiday visitors. The maximum day's consumption was 6,479,000 gallons, including the supply to part of the

Blofield and Flegg Rural District Council. All but one of the 17,534 dwellinghouses in the Borough are supplied by the Company's mains.

The water is free from plumbo-solvent action; the lime treatment plant is in use, which varies the discharge of lime so as to ensure the alkalinity of the water at all times. Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals and all the results were satisfactory.

The fluoride content ascertained some time ago was 0.2 parts per million. Recommendations by the Medical Officer of Health that it should be adjusted to the optimum level of one part per million have not yet been approved by the Council.

SEWERAGE.

The sewers in parts of the town are old and overloaded by new developments and the Borough Engineer is investigating this matter. The system of disposal of sewage into the river and thence to the sea was unchanged and was reasonably adequate.

PUBLIC CLEANSING.

The tip in the Cobholm area continued to be used for the disposal of refuse, which is collected by the Borough Engineer's Department. This tip was well maintained, and the area of exposed tip face was kept down to a minimum. Weekly collections of refuse were carried out and more frequent collections from premises were available upon request, on payment of a small fee.

Action was taken under the Public Health Act, 1936 to require new dust-bins to be provided, where necessary.

Dumping of refuse on sites and in empty houses continued to be widespread and a source of many complaints. Action was taken to secure the removal of this refuse and I should like to thank the Cleansing Superintendent and his staff for co-operation and help throughout the year in this matter.

COMMON LODGING HOUSES.

There are none in the town.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Five local authority circulars dealing with the administration of this act were received during the year. Sixty more premises were registered, making a total of 619. The number of inspections carried out under the Act was 411. Where contraventions were found to exist, action was taken by letters sent to the persons responsible. So far no need for legal proceedings has arisen.

Due to the shortage of staff it has not been possible to carry out a comprehensive survey of all premises which are likely to fall within the scope of the Act and which may not have been registered.

GENERAL SANITATION.

The following table shows the number of visits made during the year.

TABLE A.

Nature of Visit or Inspection				No. of Visits
Atmospheric Pollution	...	...	...	211
Caravans, Tents, Vans, etc.	...	...	...	141
Diseases of Animals	...	...	...	—
Drainage	...	...	...	1195
Dykes	...	...	...	63
Exhumations	...	...	...	—
Factories	...	...	...	195
Fumigation and Disinfection	...	...	...	1
Insect Infestation	...	...	...	61
Inquiries in cases of Infectious Diseases	...	...	...	60
Miscellaneous Sanitary Visits	...	...	...	402
Noise	...	...	...	56
Offensive Trades	...	...	...	30
Knackers Yard	...	...	...	3
Outworkers	...	...	...	5
Public Conveniences	...	...	...	83
Rats and Mice	...	...	...	314
Refuse Accumulations	...	...	...	354
Refuse Collection and Disposal	...	...	...	37
Schools	...	...	...	40
Ships	...	...	...	269
Shops	...	...	...	102
Stables and Piggeries	...	...	...	109
Swimming Pools	...	...	...	34
Theatres and Places of Entertainment	...	...	...	5
Water Supply	...	...	...	26

FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out under the above Acts. One hundred and ninety-five inspections were made during the year and no serious defects were noted. It was not necessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	21	7	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	304	175	13	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	13	13	—	—
Total	338	195	13	—

TABLE C.

Particulars	No. of Cases in which defects were Found Remedied		Referred by H.M. Inspector	Referred to H.M. Inspector	Prosecutions
Want of cleanliness	1	1	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	3	3	—	—	—
(b) Unsuitable or defective	15	13	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	4	4	—	—	—
Total	23	21	—	—	—

OUTWORK

Nature of Work	No. of out-workers in Aug. List required by Section 133(1)(c)	Section 133		Section 134		Prose-cutions
		No. of cases of default in sending lists to the Council	No. of prose-cutions for failure to supply lists	No. of instances of work in unwhole-some premises	Notices served	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc.	72	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	72	—	—	—	—	—

OFFENSIVE TRADES.

Total No. on the register	...	...	17
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	14

Thirty visits were made to these premises during the course of the year.

SWIMMING POOLS.

There are two public swimming pools in the town, one at a holiday camp and three at schools. The arrangements for filtration and chlorination were the same as described in last year's report.

The staff made 34 visits and carried out 60 check tests to determine the amount of free chlorine and the alkalinity of the water. Seven bacteriological samples were taken and all were reported by the Public Health Laboratory to be satisfactory. No trouble from algal growths occurred during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

Five visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be adequate and well maintained.

ATMOSPHERIC POLLUTION.

Two hundred and eleven visits were made in connection with the emission of smoke and grit to the atmosphere. Observations were also made where necessary and followed by notification to the persons responsible where it was considered a nuisance had been committed. Six notices were served.

Further progress was made in fitting oil-fired boilers and this led to a further reduction in the emission of smoke.

No notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

CARAVAN SITES.

No further licences under the Caravan Sites and Control of Development Act 1960 were issued this year.

Details of all caravan sites in the borough are as follows :—

Permanent sites	...	3
Holiday sites	...	3

There is, in addition, one municipally owned tent site, which is used in the holiday season.

One hundred and forty-one visits were made to caravans and tent sites during the year.

One prosecution was taken against the owner of a caravan for letting it whilst on an unlicensed site. The owner pleaded guilty and was fined £25 in the Magistrates Court.

HOUSING.

During 1965, fifteen houses were represented as unfit under the Housing Act 1957, two were made the subject of Demolition Orders, twelve were closed, and no undertakings were accepted. As a result of the action taken, thirty families, comprising eighty-six persons, were rehoused during the year.

Considerable work was involved in dealing with applications for mortgage advances and improvement grants for houses. The houses concerned were inspected when considered necessary and an opinion concerning their future life was given.

Inspections of houses in the Cobholm Clearance Area were completed. A total of ninety-one houses and flats were included.

One appeal was made to the County Court against a Demolition Order. It was dismissed on legal grounds.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	818
(b) Number of inspections made for the purpose	1,124
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	Nil
(iii) Overcrowding :—	
Number of houses inspected	41
(iv) Verminous houses :—	
Number of houses inspected	18

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	725
--	-----

3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied ...	71
(ii) Number of houses in which defects were remedied after service of formal notices :—	
(a) By owners	32
(b) By Local Authority in default of owners	21

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	2
(ii) Number of houses rendered fit under Section 16 ...	—
(iii) Number of houses rendered fit under Section 24 ...	—
(iv) Number of houses in respect of which demolition orders were made	2
(v) Number of houses in respect of which closing orders were made	12
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	2
(vii) Number of houses in respect of which undertakings were accepted	—
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	—
(ix) Number of houses demolished	18

RENT ACT, 1957.

Details of documents issued during the year are as follows :—
Two applications for Certificates of Disrepair were received.

Applications for Cancellation of Certificates.

Applications by landlords for cancellation of certificates	1
Objections by tenants to cancellation of certificates ...	—
Decisions to cancel in spite of tenants' objection ...	—
Certificates cancelled by Local Authority ...	1

NOISE ABATEMENT.

There was an increase in the number of complaints received this year. Some did not fall within the scope of the Act. Others were dealt with by informal action and no statutory notices were served.

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

During the year the Milk (Special Designation) (Amendment) Regulations, 1965 came into force and amended the existing regulations to permit the sale of Ultra Heat Treated Milk in addition to existing designations of "untreated", "pasteurised" and "sterilized". Ultra Heat Treated Milk is milk which has been subjected to a temperature of not less than 270°F for not less than one second and has to be immediately placed into the sterile containers which are commonly in the form of triangular plastic cartons. This milk has a much longer life than pasteurised milk and a better flavour than the traditional long-keeping sterilized milk. No applications have yet been received for the treatment or sale of this type of milk in the County Borough.

There was still only one licence in force for the sale of the Special Designation "untreated" milk. The number of dairies and dealers concerned with the distribution of milk in the County Borough at the end of the year was as follows :—

Milk and Dairies (General) Regulations, 1959.

Number of dairies on register ...	9
-----------------------------------	---

Licences under the Milk (Special Designation) Regulations, 1963.

Number of dealers licensed to sell pre-packed milk	71
Number of pasteurisers licensed ...	3

MILK SAMPLING.

(a) For presence of antibiotics.

Owing to the widespread use of penicillin and other antibiotics in the treatment of mastitis in dairy cows combined with the reluctance of the farmer to lose the milk from affected cows there is an increasing risk that milk containing antibiotics may reach the dairies for processing. There is no objection to a farmer using antibiotics for treatment of mastitis provided he ensures that milk from that animal is not sent for human consumption for a period of time after treatment. Thirty-one samples of milk were taken from farmers' milk on arrival

at local dairies and one sample was found to contain .085 I.U. of penicillin. A formal follow-up sample was taken from milk of a corresponding milking from the same farm but was found to be free from antibiotics. The Milk Divisional Officer of the Ministry of Agriculture, Fisheries and Food was notified of the occurrence.

(b) For fat and non-fatty solids.

Thirty-six samples of milk were taken and submitted to the Public Analyst. One sample was deficient in non-fatty solids but passed the Hortvet Test which indicated that no added water was present. Three other samples were reported as not genuine. One contained a small amount of added water and as this was a sample of bottled milk, a visit to the dairy concerned was made but no cause for the presence of added water could be ascertained. Two samples were found to be deficient in fat and non-fatty solids but the follow-up samples taken from a corresponding milking proved to be genuine. From all the milk samples taken the average composition was

Milk Fat 3.8%. Non-fatty solids 8.7%.

(c) Bacteriological milk sampling.

Samples of designated milks were taken in the Borough during the year and were submitted to the Public Health Laboratory at Norwich for bacteriological examination. The following table shows the results of examination.

	Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test	
		Passed	Failed	Passed	Failed		Passed	Failed
Sterilized Milk	11	—	—	—	—	—	11	—
Pasteurised Milk	171	144	15	164	7	12	—	—
Untreated Milk	3	3	—	—	—	—	—	—

In cases where samples failed the prescribed tests an inspection of the dairy concerned was carried out and the necessary advice and warning given. Certain Methylene Blue Test failures appeared to be due to farmers' milk arriving at the dairy in a warm condition and in these cases the Milk Divisional Officer for the area concerned was informed.

Routine inspections of the three pasteurisation plants and of the nine distributing dairies situated in the Borough were carried out. A reasonable standard was maintained in all these dairies.

B. MEAT INSPECTION.

There was no change in slaughtering facilities all animals being slaughtered at the two licensed slaughterhouses owned by a private company. Only minor hygienic improvements could be effected because of the age and congested condition of the buildings. For instance, food animals are still unloaded on the public highway and on certain occasions it is possible for members of the public to see the

slaughtering process without entering the slaughterhouses. However, a good standard of general hygiene was maintained throughout the year.

The standard of meat passing through the slaughterhouses was again of high quality, the local demand being for prime beef, pork and lamb. All carcasses and offals were inspected by the Public Health Inspectors at the slaughterhouses in accordance with the Meat Inspection Regulations 1963 and each carcass found fit was stamped in the appropriate manner. No evidence of tuberculosis was found in any bovine animal but approximately five per cent of pigs slaughtered were found to have been infected with localised tuberculosis. This infection of pigs should decrease if the increasing trend of feeding with dried manufactured concentrated food instead of the conventional pig swill continues. More livers were found unfit than any of the other organs, mainly due to parasitic infestation and abscess formation.

The following table shows the number of animals inspected and the number of carcasses condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1554	1	5	2049	5493	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcasses condemned	—	—	—	2	4	—
Carcasses of which some part or organ was condemned	340	1	1	9	468	—
Percentage of the number inspected affected with diseases other than tuber- culosis	22.05	100.0	20.0	0.53	8.6	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcass of which some part or organ was condemned	—	—	—	—	246	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	4.5	—
<i>Cysticercosis :—</i>						
Carcasses of which some part or organ was condemned	8	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	—
Cow carcasses	—	—
Pig carcasses	—	4
Calf carcasses	—	—
Sheep carcasses	—	2
Bovine heads	—	8
„ tongues	—	—
„ livers	—	270
„ lungs	—	62
„ udders	—	—
„ spleens	—	5
„ kidneys	—	2
„ skirts	—	11
„ hearts	—	10
„ mesenteric fats	—	4
„ tripes	—	2
„ tails	—	—
Pigs' heads	94	8
„ plucks	1	69
„ hearts	—	106
„ kidneys	—	74
„ livers	1	246
„ mesenteric fats	191	88
„ spleens	—	4
Calves' heads	—	—
„ livers	—	1
„ kidneys	—	—
Sheep plucks	—	2
„ livers	—	6
„ hearts	—	1
Beef	—	—
Pork	464 lbs.	602 $\frac{1}{4}$ lbs.
Mutton	—	4 lbs.

DISPOSAL OF UNFIT MEAT AND OTHER FOODS.

A local firm collects the unfit meat, offal and waste and uses them for the manufacture of Tallow and Fertiliser.

Other foodstuffs condemned by the department are deposited at the Council's store, Market Gates, where they are collected by the Cleansing Department at regular intervals for burial on the Council's controlled refuse tip. Special arrangements were made for the disposal of large consignments of unfit food on to the Council's tip under supervision.

C. ICE CREAM.

The number of premises used for the storage and manufacture of ice cream in the Borough during the year, registered under Section 16 of the Food and Drugs Act, 1966, was as follows :—

Manufacturers	...	...	3
Retailers	...	...	336

Sixty-one visits were made to these premises by inspectors and the general standard of hygiene was found to be satisfactory.

An increase in the popularity of the “softa freeze” type of ice cream has resulted in a further increase in the number of continuous freezer ice cream machines operating in the town during the holiday season. The bacteriological quality of this type of ice cream depends, to a great extent, on the efficient daily sterilization of the freezer machines which is usually carried out by the person employed to serve the ice cream. The results of samples taken by the department suggested that the machines from which the samples were taken had been successfully operated. The Public Health Laboratory reported on 26 samples as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
22	4	—	—

Ten samples of ice cream submitted to the Public Analyst for reports on composition had fat contents between 5.9% and 10.5% – all above the minimum requirements of the Food Standards (Ice Cream) Regulations 1959.

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

The Public Health Inspectors took 143 food samples, including 43 milk samples, from various establishments and submitted them to the Public Analyst. Of these 123 were reported as being satisfactory and 19 not satisfactory. The following table shows the nature of the adulteration or irregularity and the action taken :—

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Meat Pudding	Two ingredients not in the correct order.	The manufacturers agreed to alter the list of ingredients, as requested, at the next printing of their labels.
Fruit Salad	One of ingredients not declared.	Following consultation with the manufacturers the firm are arranging to have the labels altered so that the ingredient in question is declared.
Best of the Milk	Appropriate designation of the article not given on the label.	The Importers of this product are in contact with the manufacturer abroad in order to have the matter rectified.
Milk	Contains 0.085 i.u. of penicillin per ml.	Follow-up formal sample taken proved to be free from antibiotics. Milk Divisional Officer and Local Authority in which farm situated informed.
Milk	Slightly deficient in fat.	Follow-up sample satisfactory.
Carrots	No name and address of packer and the words "Registered Trade Mark" not correctly given.	Stated to have been result of misunderstanding between Importers and Dutch manufacturer. Undertaking given to alter label at next re-printing.
Macedoine of Vegetables	Inaccurate list of ingredients.	Manufacturer stated divergence from stipulated amount due to particular batch being produced by another firm. It was agreed to up-lift remaining stock of this particular commodity.
Sugar	Contained 0.5% of salt.	Formal Sample taken from vendor from same batch in stock held. This was found to be satisfactory.
Pork Sausages	Contains undeclared preservative.	No notice in shop. Manager warned of offence by letter.
Pork Sausages	Contains undeclared preservative.	No notice conspicuously displayed in shop. Manager warned of offence by letter.
Chopped Ham and Pork	Deficient in meat, one of ingredients incorrectly described.	Matter taken up with the Importers who have decided to discontinue importing this product.
Stewed Steak in Gravy	Deficient in meat content.	Manufacturers informed of low meat content. Formal sample to be taken when this product is next in production.
Dressed Crab	Deficient in crab meat.	Lengthy correspondence with manufacturer over standard of crab meat. Formal sample taken, as follows :—
Dressed Crab	Deficient in crab meat.	Consideration for legal action taken up with the Town Clerk who consulted Ministry of Agriculture, Fisheries and Food on the legal position for this product. In the absence of a specific standard the Ministry advised that the matter be left in abeyance until publication of a report by the Food Standards Committee, due in the future.

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Pork Pie	Deficient in Meat.	Formal sample taken for further analysis.
Apricot Yogurt	Article should have been described as "Sweetened Yogurt".	Following correspondence with manufacturers, two further samples were taken for analysis. As the samples were described as Fruit Yogurt it was decided, after consultation with the Public Analyst, that there was no prejudice to the purchaser by the way this sample was labelled and that no further action would be taken.
Mixed Fruit	One of the ingredients incorrectly described.	Correspondence with the Packer concerned resulted in the necessary alteration in the description on the label.
Seed Pearl Tapioca	No name and address of packer and the words "Registered Trade Mark" given in partly abbreviated form.	Correspondence with the firm concerned resulted in the alteration of the label at the next printing.
Milk	Contains a trace of added water.	This sample comprised the milk from five farms. Five follow-up samples taken of the raw milk on arrival at the dairy from the farms concerned were found to be genuine.
Milk Loaf	Deficient in full cream milk solids.	Enquiries at the bakery have shown that the loaf was supplied to the shopkeeper as a "Vienna Soft" and should not have been sold as a milk loaf. Warning letter sent to retailer.
Green Goddess Wine Aperitif	Contains a non permitted blue colour.	Correspondence with manufacturer and supplier of the colour concerned. Supplier had changed ownership and colour material had been destroyed preventing further tests desired by the Public Analyst from being carried out.
Sliced Sweetsours	List of ingredients not given in a sufficiently conspicuous manner and not in the correct order. No onions found at all in spite of being declared.	Manufacturer requested to give reasons for the irregularities. After some correspondence the firm stated that the line had been permanently discontinued.

The following information is again included, in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated January 1966.

(a) Milk Supplies—*Brucella Abortus*. One sample of untreated milk submitted to the Public Health Laboratory for *Brucella Abortus* Organisms but none were isolated from culture of a guinea pig's spleen.

(b) The Liquid Egg (Pasteurisation) Regulations 1963. There are no Egg Pasteurisation Plants in the area of the County Borough, and no samples were taken.

E. OTHER FOODS.

Considerable quantities of foodstuffs were found on examination to be unfit for human consumption and were disposed of by burial on the Council's refuse tip, under supervision. Most of the foodstuffs came from food shops and factories, but a certain quantity formed part of consignments of food imported to the port. The following are extracted from a list which contains 51 different items :—

Canned foods, various	7,635 tins
Bacon	1,266 lbs.
Onions	4,992 lbs.
Pork	177 lbs.
Beef	2,084 lbs.
Frozen foods	2,856 pkts. and 81 lbs.
Lard	4,552 lbs.
Mutton	664 lbs.
Ice Cream	777 pkts.
Sweets	687 pkts. and 68 lbs.
Biscuits	262 bags
Croquettes	532
Milk powder	494 lbs.
Chocolates	103 cases

F. FOOD HYGIENE.

Hygiene inspections of food premises were carried out as a routine and complaints by members of the public were investigated. Contraventions of the provisions of the Food Hygiene (General) Regulations, 1960 were brought to the attention of the occupier of the premises concerned and subsequent visits to the premises showed that in almost every case the necessary work had been carried out.

Further inspections of hospital kitchens and ward serveries were carried out and certain matters were brought to the attention of the Control of Infection Sub-Committee of the Hospital Management Committee.

Routine examination of plans submitted to the Council in respect of proposed new food premises continued and any irregularities in respect of food hygiene requirements were brought to the attention of the applicants.

Details of inspections made to the various food premises during the year in connection with food inspection and food hygiene, are as follows :—

Bakers	79
British Railways	6
Butchers	119
Canteens	6
Confectioners	58
Dairies and Milk Dealers	232
Fishmongers	52
Food Factories	14
Greengrocers	54
Grocers	402
Hospitals	25
Hotels and Boardinghouses	31
Ice Cream Premises	60
Imported Foods	218
Licensed Premises	64
Mineral Water Manufacturers	5
Restaurants	169
School Kitchens	13
Slaughterhouses	1,191
Stalls	3,314
Warehouses	29

FOOD HYGIENE (GENERAL) REGULATIONS 1960.

The following information is included in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated 11th January 1966 :—

Type of premises	Number of premises	Number of premises fitted to comply with Regulation 16	Number of premises to which Regulation 19 applies	Number of premises fitted to comply with Regulation 19
Bakers and Confectioners	70	70	64	64
Brewers	1	1	1	1
Butchers	43	43	43	43
Dairies and premises selling milk	74	74	26	26
Fishcurers	38	38	38	38
Flour Mills	2	2	2	2
Fried/Wetfish and Shellfish Mongers	70	70	70	70
Groceries and Provisions	81	79	30	30
Greengrocers	32	32	25	25
Ice Cream Manufacturers and Dealers	339	339	339	339
Mineral Water Manufacturers	2	2	2	2
Potato Crisp Manufacturers	1	1	1	1
Potato Dealers	6	6	6	6
Public Houses and Licensed Premises	172	172	172	172
Restaurants and Cafes	138	138	138	138
Slaughterhouses	2	2	2	2
Tripe Dressers	2	2	2	2
Wines and Spirits	17	17	—	—

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	339
Preparation or manufacture of sausages and preserved foods	111

FERTILISERS AND FEEDING STUFFS ACT, 1926.

The following samples were taken during the year in accordance with the provisions of the above-mentioned Act :—

		Informal	Formal
Fertilisers	...	4	2
Feeding Stuffs	...	4	—

Two of the informal fertiliser samples were found upon analysis to contain insoluble phosphoric acid in excess of the permitted limits of variation from the stated particulars of composition. Follow-up samples showed a similar excess of insoluble phosphoric acid. The Ministry of Agriculture, Fisheries and Food have advised that as phosphoric acid is unstable in storage and as the purchaser is unlikely to be prejudiced they would be unlikely to agree to legal proceedings. Accordingly the action taken was a warning letter to the manufacturer.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Chief Constable's Annual Report :—

ANTHRAX ORDER, 1938.

During the year two cases of suspected Anthrax were reported, neither was confirmed.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

There are fifty-nine premises licensed under this Order. Regular visits of inspection were carried out.

SWINE FEVER ORDER, 1963.

REGULATION OF MOVEMENT OF SWINE ORDER 1959.

SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.

Four cases of suspected Swine Fever were reported but none was confirmed. During the year 426 licences authorising the movement of 4,942 pigs were dealt with as compared with 468 licences involving 4,693 pigs in 1964.

In addition 19 licences have been issued for the movement of 102 pigs for breeding purposes.

RODENT CONTROL

Rodent control work was carried out by the Pests Officer and four Rodent Operators. Regular inspections and treatment of properties prevented any major build-up in the rat population. Mice infestations showed a decrease on last year and were in the main confined to or associated with dwellings.

The following table shows work done :—

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2), (3)	
I. No. of properties in Local Authority's District	214	17534	4277	22025	11
II. Total No. of properties inspected as a result of notification	19	436	235	690	3
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	17	327	135	479	3
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	2	109	98	209	—
III. Total No. of properties inspected in the course of survey under the Act	195	1744	735	2674	11
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	37	97	77	211	9
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	5	65	43	113	2
IV. Total No. of properties otherwise inspected (e.g. when visited primarily for some other purpose)	54	1009	375	1438	—
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	11	15	31	57	—
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	4	27	12	43	—
V. No. of infested properties (in Sections II, III & IV) treated by the Local Authority	76	640	396	1112	14

	Type of Property				
	Non-Agricultural				(5)
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2), (3)	
VI. No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
VII. No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
VIII. Legal proceedings	—	—	—	—	—
IX. No. of "Block" control schemes carried out	37	28	3	68	—

DWELLINGS AND GARDENS.

Rat infestations generally were minor in character and were due to the following causes :—

Compost heaps containing edible matter, food thrown out for birds, overflowing dustbins, sheds and fowl houses containing livestock, all of which provided food and hide for rats.

The Pests Officer made 603 visits to dwellings and as a result the following work was done :—

Holes in external walls made good	9
Fixing sub-floor ventilating grids	23
Disused lavatory pans sealed	29
Repairing minor defects to drains	19
Grids and wire cages fixed to rainwater pipes	25
Garden and other domestic refuse heaps removed	61
Sheds raised	15
Fowl houses removed or rebuilt	17
Dustbins and other receptacles provided	7
Fixing collars to bird trays	3
Closing and Demolition Order Properties sealed	15

BUSINESS PROPERTY.

Business properties processing, selling or storing foodstuffs were kept under observation and treated for rats and mice where necessary. Properties having servicing arrangements received regular attention throughout the year.

COUNCIL PROPERTY.

Schools, playing fields, entertainment centres, camping sites and other Council owned properties were inspected and treated for rodent and insect infestations.

Allotments and refuse tips were kept under constant observation and treatment was carried out to prevent the spread of rats to the built-up areas. Methods of treatment consisted of trapping, gassing, poisoning, shooting and the use of a dog.

Hospitals have servicing arrangements with the Corporation for rodent and insect pest control work.

AGRICULTURAL PROPERTY.

Regular visits and treatments to farms and farm lands kept rats down to a minimum. No action was necessary under the Dismantling of Ricks Act. Co-operation with the Rabbit Clearance Society resulted in the destruction of 65 rabbits.

PORT AND HAVEN.

There were no reports or evidence of rats on foreign, coastwise or fishing vessels, using the port. Two hundred and six rats were destroyed on the quayside and on the wharfs.

SEWERS.

Two maintenance treatments of sewers were carried out in April and November and the numbers of manholes treated totalled 1,600. The first treatment consisted of Fluoroacetamide and Antu Poison. In order to save additional labour costs, no poison takes were recorded.

The second treatment in November with Sausage Rusk and Zinc Phosphide showed satisfactory results.

INSECT AND OTHER INFESTATIONS.

The following infestations were dealt with by the Rodent Control Staff :—

Ants	22
Bees	1
Beetles not specified	3
Bugs	4

Cockroaches	28
Coypus	7
Earwigs	7
Fleas	25
Flies	4
Field Mice	7
Moles	14
Rabbits	11
Rooks	2
Sparrows	5
Spiders	1
Starlings	8
Wasps	13

PIGEONS.

The Council has powers to act under Section 74 of the Public Health Act 1961 to take any steps for the purpose of abating any nuisance. The feral pigeon population has increased considerably during the past few years and their presence on and in the buildings produces a nuisance. The staff carried out a considerable amount of work in co-operation with officers from the Ministry of Agriculture, Fisheries and Food in an attempt to abate this nuisance, with the following results :—

Pigeons destroyed	755
Eggs destroyed	47
Nestlings destroyed	29

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This report is compiled in accordance with the revised form and sequence suggested by the Ministry of Health in Circular 33/52. Additional information required in this quinquennial report is set out in Sections V, VIII, XIV, XV and XVI.

Section I — STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
K. J. GRANT	Port Medical Officer	1.6.48	M.A., M.B., Ch.B., D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
R. G. NEWBERRY	Deputy Port Medical Officer	1.6.60	M.B., B.S. D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.
F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table relates to the year ended 24th March 1965 as figures for ships and tonnage for the calendar year are not available from the Port and Haven Commissioners.

TABLE B.

Ships from	Number	Net Registered Tonnage	Number inspected		Number of ships re- ported as having, or having had during the voyage, infectious disease on board
			By the M.O.H.	By the Inspectors	
Foreign Ports	1478	350150	—	153	—
Coastwise	1335	382024	—	30	—
Total	2813	732174	—	183	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

No passenger boats used the port during the year but a number of passengers entered and left the port in cargo boats. These boats carry only a small number of passengers at a time. Figures obtained from H.M. Customs show the amount of this traffic during the year.

	Passengers Arriving in the Port	Passengers Leaving the Port
January	17	8
February	16	6
March	20	19
April	81	73
May	30	15
June	84	48
July	163	79
August	249	130
September	263	154
October	291	188
November	146	124
December	137	77
Total	1497	921

CARGO TRAFFIC.

There was a further increase in cargo traffic entering the port during the year, the number of ships exceeding the figure for last year by 604. A part of this increase derived from the off-shore drilling operations in the North Sea search for oil and gas. Seventeen firms acquired sites in the town which are used for the storage of muds, cements, tools, well casings and foods supplied to the oil rigs. Six supply ships were based at Great Yarmouth and ships from other ports also collect supplies for the oil trade from this port.

A greater number of cattle and sheep were exported from this port during the year.

The following table is compiled from information supplied by the Port and Haven Commissioners for the year ended 24th March 1965, and relates to cargo handled at the port whether as imports or exports as separate figures are not available.

Cattle, Sheep, Ponies, etc.	56,968 Head
Coal	193,263 Tons
Fruit and Vegetables	39,356 „
Groceries	9,345 „
Grain and Seeds	224,425 Qtrs.
Manures	30,112 Tons
Meal, etc.	35,156 „
Metals, Scrap Iron, etc.	87,457 „
Paper, Strawboards, Woodpulp, etc.	45,670 „
Petrol, Paraffin, Fuel Oil, etc.	482,354 „
Salt	3,319 „
Stone, Broken Granite, etc.	1,050 „
Wood	91,995 Loads
Herrings (cured)	491 Tons
Herring (uncured)	19,203 Crans

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Fredricksund, Copenhagen.

East Germany—Rostock, Wismar, Stralsund.

West Germany—Hamburg, Bremen.

Finland—Kotka, Abo, Kemi.

Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.

Norway—Christiansund, Oslo, Trondheim.

Sweden—Kalmar, Gothenburg, Larvik.

Poland—Stettin.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

1. SOURCE OF SUPPLY FOR THE DISTRICT AND SHIPPING.

The water for the port and shipping is supplied direct from the mains of the East Anglian Water Company, which also supplies the town. The supply is continuous and adequate for all purposes.

2. REPORTS OF TESTS FOR CONTAMINATION.

Samples of the water supply are regularly submitted for examination, and the results show it to be of consistently good quality.

3. PRECAUTIONS TAKEN AGAINST CONTAMINATION OF HYDRANTS AND HOSEPIPES.

Hydrants are available for practically the whole length of the port, and the hoses provided by the water company to supply ships are thoroughly flushed before use.

4. NUMBER AND SANITARY CONDITION OF WATER BOATS, AND POWERS OF CONTROL BY THE AUTHORITY.

There are no water boats operating in the port.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 - 1961

1. LIST OF INFECTED AREAS.

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

2. RADIO MESSAGES.

(a) Arrangements for sending permission by radio for ships to enter the district—Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon—Arrangements for the receipt of radio messages are the same as for those for transmission. The telegraphic address is Portelth, Great Yarmouth.

3. NOTIFICATIONS OTHERWISE THAN BY RADIO.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

4. MOORING STATIONS.

(a) Within the docks—A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks—Yarmouth Roads anchorage.

5. ARRANGEMENTS FOR :—

(a) Hospital accommodation for infectious diseases (other than Smallpox—see Section VII).—Accommodation for infectious diseases other than smallpox is available at the Estcourt Hospital, Great Yarmouth.

(b) Surveillance and follow-up of contacts—The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.—In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority at the Northgate Hospital.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

Great Yarmouth V.D. Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays—9.30 a.m. - 12 noon.

Wednesdays—2.30 p.m. - 6 p.m.

In-patient treatment when required would be carried out under the arrangements of the Regional Hospital Board.

Masters of vessels are asked to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained. Information slips regarding the clinic are issued to masters and ships' agents.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Port Health Inspectors carry out routine inspections of ships arriving from foreign ports and the deratting certificate is checked at the time of the inspection. If any evidence of rodent infestation is found, a more detailed inspection is carried out.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an "approved port" for "deratting" but when any action is required, trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown rats	—	10	196	206
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

These certificates cannot be issued as Great Yarmouth is not an “approved port”.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

One rodent control certificate was issued under Article 3(2)(b) of the Order.

These certificates are issued to coastwise vessels and are valid for four months from date of issue. The certificate states that the ship has been inspected and was free from rats and mice at the time of the inspection.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	*Other notices	
British ships	31	—	7	5 complied with
Foreign ships	152	—	10	8 complied with
British fishing vessels	—	—	—	—
Total	183	—	17	13 complied with

* Including oral notices

**Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS,
1934 AND 1948.**

There are no shell-fish beds within the port.

Section XV — MEDICAL INSPECTION OF ALIENS

Great Yarmouth is not an approved port for the landing of aliens.

Section XVI — MISCELLANEOUS

Should a death occur on board ship in the port, the body would be removed to the mortuary and arrangements for interment made according to circumstances.

FOOD INSPECTION

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948

Various foods including canned meats, canned fruits, canned milk, lard, cheese, biscuits, margarine and dried milk regularly arrived from Holland and Belgium. Almost daily arrivals of fresh fruit and vegetables from Holland continued throughout the year. These foods were the subject of regular routine inspections by Public Health Inspectors and it was found that these imports were generally of high quality. An extremely small proportion of this food was surrendered as unfit and this was dealt with by disposal within the Corporation refuse tip.

Number of inspections of consignments of imported food : 217.

Samples of Imported Foods were taken during the year and submitted to Dr. E. C. Wood the Public Analyst. The following table shows the number of samples obtained together with results of analysis.

No. submitted		Result of Analysis
Canned cooked whole chicken	1	Genuine.
Canned ox tongue	1	Genuine.
Canned chopped ham and pork	1	Unsatisfactory.
Tinned carrots	1	Unsatisfactory.
Gouda cheese	1	Genuine.
Lard	1	Genuine.
Canned luncheon meat	1	Genuine.
Canned chopped ham	1	Genuine.
Fresh tomatoes	2	Genuine. Free from pesticide residues.
Fresh cucumber	3	Genuine. Free from pesticide residues.
Fresh melon	1	Genuine. Free from pesticide residues.
Fresh raspberries	2	Genuine. Free from pesticide residues.

Fresh Italian pears	1	Genuine. Free from pesticide residues.
South African oranges	1	Genuine. Less than 1 p.p.m. Malathion residue.
Fresh Dutch lettuces	2	Genuine. 0.2 p.p.m. Organo Chlorine pesticide residue.

Unsatisfactory Samples :

Canned chopped ham and pork—Labelling offence and low meat content. Correspondence with manufacturers who decided to discontinue line.

Tinned carrots—Labelling offence. Correspondence with importers and manufacturers resulted in the necessary alterations being made to label.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,
Great Yarmouth.

October, 1966.

MR. CHAIRMAN, LADIES and GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1965.

The Report shows that, apart from defective eyesight, the number of defects discovered at routine school medical inspection is very small. The children are on the whole in good health and free from demonstrable defect, and it is pertinent to ask whether it is justifiable to retain the present time-consuming system under which every child has a medical examination on three occasions during his school life.

Some authorities have abandoned this routine inspection except in infant schools. Only a proportion of the older children are examined and they are selected on the basis of information provided by the parents, teachers or previous records. This system helps to concentrate the resources of the service where they are most needed and encourages collaboration between medical and teaching staff in the interests of the children who require most help. It also allows more time to be devoted to health education, a subject which is becoming of great importance because, although the children appear to be in good health, there is no doubt that many of them are allowed or indeed encouraged to develop unhealthy habits of living which will undoubtedly give rise to disease or disability in later life. It would appear that the time has come to consider seriously the need to modify the system of school medical inspection in the town.

Dr. Marwood retired during the year. He had been School Medical Officer and also general practitioner to the East Anglian School for 33 years. Throughout that period he visited the school daily and his devotion to his duties there was greatly appreciated by both staff and pupils.

The staff have put in another good year's work, and we are all very appreciative of the support and encouragement which you have extended to us.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

EDUCATION COMMITTEE

1965 - 1966

COUNCIL MEMBERS

Chairman :

Alderman H. D. McGEE

Members :

Alderman Mrs. K. M. ADLINGTON, J.P.

Alderman E. W. APPLEGATE

Alderman L. F. BUNNEWELL

Alderman J. P. WINTER

Councillor E. J. BARNES

Councillor Mrs. C. BATLEY

Councillor A. W. CANNELL

Councillor A. P. FARTHING, to January 1966

Councillor O. R. HARVEY

Councillor N. J. HUKÉ

Councillor D. J. H. MADDEYS

Councillor L. H. B. MILLS

Councillor F. STONE

NON-COUNCIL MEMBERS

The Reverend J. T. GIBBON

Mrs. E. A. GODFREY

Mrs. D. HARBORD

The Reverend D. HOLT, B.A.

The Reverend E. McBRIDE, Ph.B.

W. RUTTER, Esq.

W. J. WALLIS, Esq.

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

R. G. NEWBERRY, M.B., B.S., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

V. E. A. MARWOOD, B.Sc., M.B., Ch.B., (East Anglian School)
(to 30.6.65)

Principal School Dental Officer :

B. C. CLAY, L.D.S., R.C.S.

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Dental Auxiliary :

Miss P. J. BILLITT

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and Throat—

B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Speech Therapist (part-time) :

Miss J. RUTT, L.C.S.T.

Superintendent Nursing Officer :

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

School Nurses :

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Mrs. E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)
(to 31.7.65)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Mrs. B. I. EVERITT, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. K. WALTON, S.R.N., S.C.M., H.V.Cert. (part-time)
(from 26.7.65)

Mrs. T. WRIGHT, S.R.N., S.C.M., H.V.Cert. (part-time)
(from 22.2.65)

Mrs. P. YATES, S.R.N., S.C.M., H.V.Cert. (part-time) (from 1.3.65)

Chief Clerk : A. G. SHOOBRIDGE

Senior Clerk : L. C. BANHAM

Clinic Clerk : Miss E. COOPER

Dental Surgery Assistants :

Miss B. BOYES

Mrs. E. J. GEORGE

Miss D. HUDSON (from 5.4.65)

POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population of the town was 52,700 which is 20 less than the figure last year.

The number of pupils on the registers in January 1965 was 8691 a decrease of 43 from the previous year's total.

The total number of pupils on the school registers in January of each year since 1956 was as follows :—

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
9082	9209	9174	9289	9268	9226	9002	8757	8734	8691

Average numbers on books and average attendance for the year ended 31st March 1965 :—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Stradbroke	200	193	174	90
Peterhouse	280	298	269	90
Herman	240	238	216	91
Church Road	160	118	103	87
Wroughton*	310	287	255	89
Edward Worlledge	80	85	75	88
Cobholm*	150	124	111	89
Greenacre	240	114	102	89
St. George's	200	141	124	88
Northgate/St. Andrew	160	162	147	91
Alderman Swindell	280	180	158	88
	2300	1940	1734	89

* including Nursery Class (30)

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke	400	329	301	91
Peterhouse	480	450	417	93
Herman	320	385	363	94
Wroughton*	500	455	427	94
Edward Worlledge	280	220	202	92
Greenacre	240	211	196	93
Nelson	240	157	145	92
North Denes*	360	243	223	92
	2820	2450	2274	93

* including use of converted changing rooms.

SECONDARY SCHOOLS

Alderman Leach	480	384	348	91
Claydon	360	381	337	88
Cliff Park	420	410	378	92
Greenacre	480	245	220	90
Styles	330	304	282	93
Hospital	480	316	279	88
Grammar	540	497	468	94
High	540	473	440	93
Technical	680	647	609	94
	4310	3657	3361	92

VOLUNTARY SCHOOLS

St. Nicholas Junior	320	299	281	94
St. Mary's R.C.				
Junior	120	114	105	92
Infants	80	43	39	91
St. Edmunds				
Sec. Mod.	150	158	143	90
	670	614	568	93

SCHOOL MEDICAL INSPECTION

Pupils are medically examined on at least three occasions during their school life. Inspections are normally carried out soon after the child starts in the infant school, before he or she leaves the junior school and finally before leaving school to seek employment. These regular examinations are described in the table below as the periodic medical inspection of entrants, intermediates and secondary leavers respectively. In a certain number of cases the school doctor may feel that it is desirable for a child who has attended a routine medical inspection to have a further examination at a later date. These re-inspections may be conducted at the school or clinic. Children not due for periodic inspection may have "special inspections" at the request of the parents, teachers or school nurses.

Vision testing is carried out as early as is practicable, usually at about the age of $5\frac{1}{2}$ years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to both boys and girls at the intermediate examination and when a defect is found the parent or child is informed of the occupations which require normal colour vision.

The following tables provide statistical information on the inspections and the findings which resulted from them.

MEDICAL INSPECTION OF PUPILS ATTENDING

MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOL

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	...	756
Intermediates	...	...	...	735
Secondary leavers	...	...	...	810
				<hr/>
Total	...	...	...	2301
				<hr/>

Other Inspections

Special inspections	...	...	...	314
Re-inspections	...	...	...	173
				<hr/>
Total	...	...	...	487
				<hr/>

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1961 and later	2	16	16
1960	14	40	46
1959	1	10	10
1958	2	2	2
1957	2	2	2
1956	—	—	—
1955	—	—	—
1954	86	25	104
1953	33	7	39
1952	1	1	1
1951	1	1	1
1950 and earlier	167	35	192
Totals	309	139	413

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	29	3	—	—
Eyes :—				
Vision	309	195	12	—
Squint	34	9	—	—
Other	1	1	—	—
Ears :—				
Hearing	11	4	11	8
Otitis Media	4	1	—	—
Other	2	1	—	—
Nose and Throat	12	4	1	1
Speech	7	11	2	—
Lymphatic glands	1	1	—	—
Heart	3	17	—	—
Lungs	10	10	—	1
Developmental :—				
Hernia	2	7	2	2
Other	6	10	—	—
Orthopædic				
Posture	2	1	—	—
Feet	2	10	2	—
Other	3	13	3	—
Nervous system :—				
Epilepsy	4	—	—	—
Other	—	—	—	—
Psychological :—				
Development	—	5	4	2
Stability	2	2	5	1
Abdomen	2	3	1	—
Other	2	1	—	—

Attendance of Parents

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents followed the usual trend of being high for the entrants, slightly lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

Parents attending the examination %										
	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Entrants	97	95	98	97	87	95	92	97	94	95
Intermediate	85	87	88	85	84	83	81	70	83	79
Leavers	36	36	31	34	27	31	34	21	16	16

Physical condition of pupils inspected

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Ministry of Education the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

It is, however, pleasing to note that this is the first time for many years that no pupil attending a school in the Borough was assessed as unsatisfactory.

Year (1)	No. of pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1965	2301	2301	100.0	—	—
1964	2371	2362	99.6	9	0.4
1963	2090	2085	99.8	5	0.2
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5
1958	2308	2300	99.7	8	0.3
1957	2465	2429	98.5	36	1.5
1956	2213	2158	98.0	55	2.0

Hearing Defects

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or, more commonly, be referred by Teachers or Parents, who have the children for longer periods of observation. They are all tested on a pure tone audiometer to assess the degree of hearing loss. The Medical Officer responsible for this service also works

in close collaboration with the Speech Therapist, and cases are referred from the latter in order to eliminate the possibility of the fault in speech being due to a hearing defect.

Twenty-six children received audiometric tests and of these, twenty-two were new cases, and four were re-examinations. One was referred to the Ear, Nose and Throat Consultant, two to their general practitioners, six were kept under observation and thirteen were found to require no treatment.

HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. The figures for 1965 and some previous years are included in the tables.

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1965	43	5 8/12	43.2 ins.	45.0 lbs.
	1964	45	5 8/12	42.1 ins.	43.1 lbs.
	1963	48	5 8/12	43.5 ins.	43.6 lbs.
	1962	80	5 8/12	43.9 ins.	44.8 lbs.
	1961	47	5 8/12	43.8 ins.	43.2 lbs.
11-11½ yrs.	1965	209	11 3/12	56.9 ins.	84.4 lbs.
	1964	155	11 3/12	56.3 ins.	83.7 lbs.
	1963	128	11 3/12	56.6 ins.	81.1 lbs.
	1962	65	11 3/12	56.1 ins.	78.8 lbs.
	1961	199	11 3/12	56.5 ins.	83.7 lbs.
14¼-14¾ yrs.	1965	87	14 7/12	62.4 ins.	115.5 lbs.
	1964	96	14 7/12	62.7 ins.	116.2 lbs.
	1963	94	14 7/12	61.8 ins.	118.7 lbs.
	1962	131	14 6/12	61.9 ins.	114.2 lbs.
	1961	222	14 6/12	61.9 ins.	112.5 lbs.

B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1965	43	5 8/12	44.0 ins.	45.4 lbs.
	1964	48	5 8/12	43.4 ins.	46.1 lbs.
	1963	60	5 8/12	44.2 ins.	45.9 lbs.
	1962	81	5 8/12	43.9 ins.	44.8 lbs.
	1961	57	5 7/12	44.0 ins.	45.2 lbs.
11-11½ yrs.	1965	202	11 3/12	55.9 ins.	80.1 lbs.
	1964	212	11 3/12	56.4 ins.	82.3 lbs.
	1963	128	11 3/12	56.0 ins.	80.1 lbs.
	1962	53	11 3/12	56.3 ins.	78.9 lbs.
	1961	228	11 3/12	55.7 ins.	81.1 lbs.
14¼-14¾ yrs.	1965	61	14 8/12	64.2 ins.	118.9 lbs.
	1964	110	14 8/12	64.5 ins.	121.7 lbs.
	1963	107	14 7/12	63.8 ins.	117.6 lbs.
	1962	189	14 6/12	63.9 ins.	115.5 lbs.
	1961	208	14 6/12	63.4 ins.	117.7 lbs.

TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrangement with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection. Examination of children engaging in part-time employment is also carried out at the Clinics.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows :—

	1965	1964	1963	1962
Great Yarmouth	1039	1163	1395	1453
Gorleston	1488	1947	1548	985
	<hr/> 2527 <hr/>	<hr/> 3110 <hr/>	<hr/> 2943 <hr/>	<hr/> 2438 <hr/>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 435 children were known to have been dealt with compared to 446 last year. Of these cases, 114 were treated at hospital and 321 at the Clinics. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 168 cases were treated. Other conditions included 16 cases of impetigo, and 3 cases of body ringworm. There were no cases of scabies.

Year	1965	1964	1963	1962	1961
Cases	435	446	341	320	401

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated at the Minor Ailment Clinic and 30 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years, 456 attending the clinic and a further 288 being dealt with at hospital.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	60
Errors of refraction including squint	744
Total	804
Number of pupils for whom spectacles were prescribed	422

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 17 compared to 30 last year. The number who received operative treatment at the hospital for tonsils and adenoids was 171 compared with 216 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	2
for adenoids and chronic tonsillitis	171
for other nose and throat conditions	25
Received other forms of treatment	21
Total	219

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 327 compared with 317 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

There were 37 clinic sessions held during the course of the year. Of the 80 patients attending, 37 were patients who had not previously attended the clinic, and 43 were cases being followed up. The sessions were held by Dr. J. V. Morris, Consultant Psychiatrist, and in his absence, Dr. I. N. S. Heald, Consultant Psychiatrist, both of Little Plumstead Hospital.

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers.

The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	17	31	48
Attendances	296	486	782
New Cases	5	11	16
Discharged	4	4	8
Left area	—	—	—
Left school	—	—	—
Defects treated :			
Stammering	3	8	11
Retarded speech development	2	—	2
Dyslalia	10	18	28
Deaf speech	2	4	6

ENURESIS

Enuresis or bedwetting is a distressing complaint for which children are often referred to either the school doctor or the general practitioner. In cases which are resistant to advice and simple medication, enuresis alarms are available on loan from the department. They have proved to be generally successful in operation, and are now issued to children at the request of general practitioners, the Child Guidance Clinic, and the physician in charge of the Children's Department at the Hospital, as well as on the advice of the school doctors.

HANDICAPPED PUPILS

ASCERTAINMENT AND DISPOSAL.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Educationally subnormal	7
Maladjusted	4

For these and four others previously ascertained the disposal was as follows :—

Admitted to special residential schools or hostels	5 maladjusted pupils. 1 delicate pupil.
Admitted to special classes in ordinary schools	5 educationally subnormal pupils.
Awaiting places in residential schools or hostels	2 maladjusted pupils. 2 educationally subnormal pupils.

At the end of the year there were 102 pupils on the handicapped pupils register. The position may be summarised as follows :—

Blind	Nil.
Partially sighted	4—3 at ordinary schools. 1 at residential special school.
Deaf	3 at residential special school.
Partially hearing	16—13 having special educational facilities at ordinary schools. 3 pre-school children visited by peripatetic teacher.
Physically Handicapped	10—5 in residential schools. 5 having special educational facilities at ordinary schools.
Delicate	2 at residential schools.
Maladjusted	15—11 in residential schools or hostels. 4 in ordinary schools (2 awaiting vacancies, 2 withdrawn by parents from residential special school).
Educationally Subnormal	52—5 in residential schools. 45 in special classes in ordinary schools. 2 awaiting vacancies in residential special schools.

LOCAL PROVISION FOR HANDICAPPED CHILDREN

Last year's report contained a general review of the problems of the handicapped child and of the means which had been adopted locally for dealing with them. It is only necessary this year to refer to the following aspects.

Educationally Subnormal.

Educationally subnormal pupils are defined as "pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary school". In most authorities it is the practice to provide this specialised education either in day or residential special schools. Experience in Great Yarmouth has shown that nearly all these pupils can receive this form of education in special small classes in ordinary schools. In 1958 special classes were established in two junior schools. The policy proved to be so successful that classes for senior pupils were started at two of the Secondary schools. For the present number of 47 pupils in this category there are now seven special classes; three in junior schools and four in senior schools.

Partially Hearing.

Last year a Peripatetic Teaching service for the Partially Hearing was started, based on the East Anglian special school. One of the teachers there was employed by this authority on a part-time basis and undertook the responsibility for the general supervision of children in the town classified as partially hearing. This work includes visiting the various schools which the children attend, holding special sessions with the children for the purposes of auditory or speech training, and visiting the homes of the children to advise on any particular difficulties which may be present there. When recommended by the Consultant Otologist, commercial hearing aids are provided and maintained by the authority.

There are now nine speech trainers in use in the Borough. All those children recommended by the Ear, Nose and Throat Consultant as requiring a speech trainer have now the sole use of an instrument. In addition, five of the younger children have been provided with a second microphone to help further the development of acquired speech.

Next year it is intended to open a special unit at the East Anglian School to which will be admitted pre-school children with little or no naturally acquired speech. This unit will be both diagnostic and teaching, with special emphasis on speech training. As a final stage it is envisaged that normally hearing children will be admitted to make the unit a Nursery Class.

VACCINATION AND IMMUNISATION

It is possible to protect the schoolchild against a range of diseases which in former years might have caused death or a disability. These include smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis. The School Health Service has concentrated most of its attention against diphtheria, tuberculosis and poliomyelitis, although protection against the other diseases is readily available at the local health authority clinics.

DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years.

	1965	1964	1963	1962
First immunisation	34	18	24	26
"Booster" doses	641	386	467	339

TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards and to all students attending establishments of further education.

At the end of the year 731 children had had preliminary skin tests and 650 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 618 children received their fourth dose of vaccine.

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a “booster” dose for children who had previously been immunised against both diseases. A small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of “Triple Antigen”.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1965 and also in the four previous years.

	1961	1962	1963	1964	1965
Scarlet fever	7	—	—	17	1
Diphtheria	—	—	—	—	—
Measles	167	256	99	77	436
Whooping cough	12	6	6	5	—
Pneumonia	—	—	—	—	—
Poliomyelitis	—	—	—	—	—
Dysentery	14	2	—	—	—
Encephalitis	—	—	—	—	—
Food poisoning	1	—	1	—	—
Tuberculosis, respiratory	—	—	1	—	—
Tuberculosis, other	—	—	—	—	—
Jaundice	9	20	—	3	11

The general incidence of infectious diseases as indicated by the notified cases was again satisfactorily low with the exception of measles. This disease which has been relatively quiescent locally for the last few years, rose to epidemic proportions.

DEATHS OF SCHOOLCHILDREN

There was one death of a school child, the cause of death being given as heart failure due to bronchial asthma.

INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in the previous year. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons ...	13,467
Total number of individual pupils found to be infested	99

The following table shows, over the past 8 years, the number of children and percentage of the school population found to be infested.

1958	133	1.4%
1959	140	1.5%
1960	134	1.4%
1961	87	0.9%
1962	103	1.1%
1963	85	0.9%
1964	166	1.9%
1965	99	1.1%

SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

Increased activity in dental health education has been a feature of the year. The Dental Auxiliary has given talks in a number of primary schools, stressing the importance of eating the proper foods and teaching the children the best method of cleaning their teeth. It is hoped to extend the work to secondary schools by making dental staff available when teeth are being considered in biology and hygiene courses.

The appointment system has been reorganised to eliminate as far as possible the considerable number of “specials” inspected last year and all children except a few absentees were inspected at least once and sometimes twice during the year. This eliminates the need for parents to seek appointments for re-examination and allows more economical use of clinic time for conservation.

In the Gorleston area it is known that there has been a considerable increase in the work done by private practitioners, and this has been reflected in the smaller number of children being found, at school inspection, to require conservative treatment. There has also been evidence to suggest that conservative dentistry is being undertaken at an earlier age.

There is an insignificant increase in the number of dentures fitted and an increase is noted in the number of orthodontic cases completed in the year. In this connection the Principal Dental Officer would like to thank the Committee for enabling him to attend the Post Graduate course at Keele University in this branch of dentistry to study the latest techniques in this very rewarding work. It is now regarded as a very important part of Preventive Dentistry as irregular teeth tend to decay sooner. The work also promotes goodwill between patient and dentist.

B. C. CLAY, Principal Dental Officer.

The Ministry of Education tables which are quoted below summarize the work of the service.

Attendances and Treatment.

First visit	...	...	...	...	2564
Subsequent visits		...	...	...	3517
Total visits	...	...	...	...	6081
Additional courses of treatment commenced				...	522
Fillings in Permanent Teeth			...	...	4288
Fillings in Deciduous Teeth			...	...	1066
Permanent teeth filled	...	...	...	...	3823
Deciduous teeth filled	...	...	...	...	954
Permanent teeth extracted			...	...	614
Deciduous teeth extracted			...	...	1374

General Anaesthetics	...	...	...	696
Emergencies	...	...	...	109
No. of pupils X-rayed	...	...	...	151
Prophylaxis	...	...	...	389
Teeth otherwise conserved	...	...	...	526
No. of teeth root filled	...	...	...	12
Inlays	...	...	...	—
Crowns	...	...	...	—
Courses of treatment completed	...	...	...	2206

Orthodontics.

Cases remaining from previous year	...	...	62
New cases commenced during year	...	...	80
Cases completed during year	...	...	73
Cases discontinued during year	...	...	10
No. of removable appliances fitted	...	...	151
No. of fixed appliances fitted	...	...	6
Pupils referred to Hospital Consultant	...	...	5

Prosthetics.

Pupils supplied with full upper or full lower (1st time)	—
Pupils supplied with other dentures (1st time)	... 24
No. of Dentures supplied	... 22

Inspections.

First inspection at school	...	...	7143
First inspection at clinic	...	...	1398
No. found to require treatment	...	...	4858
No. offered treatment	...	...	3741
No. re-inspected at school clinic	...	...	969
No. found to require treatment	...	...	541

PROVISION OF MILK AND MEALS

MILK

Milk in one-third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils in the borough who accepted their free supply of school milk was 82.4%, the percentages in the various schools ranging between 44 and 100.

MEALS

Mid-day meals were available for all pupils in maintained schools. The 32 dining centres were supplied from eleven kitchens. The following table summarises the position for the financial year 1964-65 with figures for comparison for the two previous years.

	1962-63	1963-64	1964-65
Total number of meals provided	746,514	772,114	835,527
Number at maintained schools	711,652	738,554	798,004
Percentage of children having meals	42.46%	48.13%	47.64%
Daily average number of free meals	619	692	671
Daily average number of meals on payment	3,308	3,367	3,681
Total daily averages	3,927	4,059	4,352

EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority and, before the permit is granted, the children are examined by a school medical officer to determine whether or not the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education.

The amount of work done by the department in this respect varies with the time of the year. The numbers to be examined rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. Two hundred and forty three children (including 50 for entertainment) were seen by the school medical officers during 1965. One physically handicapped boy was considered unsuitable for the job he had in mind, and the certificate was not granted.

YOUTH EMPLOYMENT

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practise little use is made of this provision.

MEDICAL EXAMINATION OF TEACHERS

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Thirty seven candidates for training colleges were examined during the year and 24 practising teachers were examined as to their fitness for employment by this authority. One teacher was examined on behalf of another authority.

SCHOOL HYGIENE

FOOD HYGIENE.

Public Health Inspectors again carried out routine inspections of school kitchens and serveries in connection with the provision of school meals and milk. The general high standard of hygiene was found to have been maintained during the year. At one of the older schools certain recommendations have not yet been implemented as the building of a new kitchen is proposed. At other schools, minor items of repair and decoration were brought to the attention of the Borough Architect and consisted mainly of such items as are normally dealt with in routine maintenance.

No notifications were received by the department of any cases of food poisoning or other infectious disease associated with the school meals service.

School milk was provided from local dairies subject to inspection and sampling by this department, and these sources were approved by the Medical Officer of Health. Eight samples of school milk were taken and submitted to the Public Health Laboratory for examination. Seven of these samples passed the prescribed tests but one sample failed the Methylene Blue (Keeping Quality Test) and subsequent investigation showed that this appeared to be caused by farmers sending milk to the dairy for treatment without prior cooling. As this is a contravention of the Milk and Dairy Regulations the matter was taken up with the Ministry of Agriculture, Fisheries and Food whose inspectors enforce the provisions of these regulations at dairy farms. One sample of milk was taken for fat content and freedom from presence of antibiotics and the Public Analyst reported this sample as genuine.

Two complaints were received during the year, from head teachers of two schools, of milk bottles containing pieces of glass. The dairyman concerned was interviewed and received a formal warning letter from the department.

Food supplies were found to be satisfactory, apart from minor cases of unsoundness, which were notified to the department for routine action.

SCHOOL SANITATION.

Routine inspections of school buildings were carried out during the year where the general standard of sanitation was found satisfactory. The usual minor items of disrepair were brought to the attention of the Borough Architect.

INDEX

Acknowledgements	...	7	Ice Cream Inspection	...	58
Ambulance Service	...	36	Infant Mortality	...	13
Atmospheric Pollution	...	52	Infective Hepatitis	...	17
At Risk Register	...	21	Infectious Diseases	...	17
			Schoolchildren	...	95
B.C.G. Vaccination	34,	94	Incontinence Pads	...	33, 38
Births	...	12	Immigrants	...	37
Cancer Deaths	...	13	Marriages	...	11
Cancer of the Lung	...	13	Maternal Mortality	...	29
Caravan Sites	...	52	Maternity Outfits	...	21
Care of Mothers and Young			Meals—Schoolchildren	...	98
Children	...	21	Training Centre	...	42
Child Guidance	...	91	Meat Inspection	...	55
Chiropody	...	39	Medical Examination of Staff	...	45
Clean Air Act	24, 30,	52	Teachers	...	99
Clinics	...	21, 89	Mental Health Service	5,	41
Condemned Meat—Disposal		57	Care and After-care	...	43
Cold Injury	...	24	Training Centre	...	42
			Meteorology	...	11
			Midwifery	...	28
			Relaxation Classes	...	21
			Milk Inspection	...	54
			Milk, Schoolchildren	...	98
			Minor Ailments—School-		
Deaths	...	10	children	...	89
Schoolchildren	...	96	Mortality	...	12
Causes by sex and age groups		16	Measles	...	17
Dental Care—Mothers and			Medical Aid	...	30
Young Children	27,	28			
Schoolchildren	...	97			
Diphtheria Immunisation	34,	94	National Assistance Act 1948		44
Diseases of Animals Act	...	64	National Health Service Act,		
Domestic Help Service	...	40	1946	...	21
			Neonatal Mortality	...	13
			Nurseries and Child Minders		
East Anglia School	...	94	Regulation Act, 1948	...	44
Education Committee	...	80	Nursing Homes—Registration	...	45
Employment of Schoolchildren	...	99	Nursing Equipment	...	38
Enuresis	...	92			
Expectant Mothers	...	21			
			Offices, Shops and Railway		
			Premises Act, 1963	...	48
Factories Act	...	49	Parentcraft and Relaxation		
Family Planning	...	26	Classes	...	21
Fertilisers and Feeding Stuffs			Perinatal Mortality	...	14
Act 1926	...	63	Pheynlketonuria	...	31
Fluoridation of Water Supply	...	39	Physical Condition—School-		
Food Inspection and Super-			children	...	87
vision	...	54, 76	Poliomyelitis—Notifications	20,	95
Food Poisoning	...	17	Vaccination	...	35, 95
Food and Drugs Act, 1955	...	58	Population	...	11
Food Hygiene	...	61	School	...	82
			Port of Great Yarmouth	...	69
			Premature Births	...	23
			Prevention of Illness, Care and		
Handicapped Pupils	...	92	After-care	...	36, 43
Health Committee	...	4	Problem Families	...	39
Health Education	...	36	Public Analyst	55, 58,	76
Health Visiting	...	30	Public Health Inspection	...	47
Heart Disease—Deaths	...	13	Pigeons	...	68
Heights and Weights—School-					
children	...	88			
Home Nursing Service	...	32	Rag, Flock, etc., Act	...	51
Housing Inspection	...	52	Rent Act, 1957	...	53

